

NEW PRODUCT SCREENING FORM

This form will be placed in the Saturday Market records. It is a record of products you have screened to sell.

Date _____ Email Address _____ Website _____

Member's Name _____ Business Name _____

Address _____ City _____ State _____ Zip _____ Phone# _____

Product(s) to be reviewed

Do you make these products yourself? YES NO (Please explain)

Do you have employees? (Immediate family members are not employees)
NO YES (please explain what they do)

Please explain the process(es) you use to craft these products. (You don't need to give away your trade secrets, but please give a detailed account of how you craft your product(s).) **Use the back if needed.**

What commercial items (the parts you do not make) **are used in the crafting of your product?**

Are the products presented for review representative of ALL the items you plan to sell?
YES NO (Please explain) If you are planning to sell any other products not screened at this time, please be aware that all new product lines must be screened before selling them.

Have you received a Member Information Handbook? YES NO
You are responsible for knowing and following the Saturday Market Rules and Regulations as detailed in the Member Information Handbook.

I hereby certify that all the products presented by me are handcrafted by me (or as noted above).

Member signature _____

If not at the screening, the number where you can be reached between 4 PM and 5 PM _____

For Standards use only:

Was item presented for screening in person? Yes No If no, how was the product screened?

(check all that apply) Pictures Items Written description of crafting process Other (please explain)

Item(s) screened by Committee vote: Y _____ N _____ A _____ or small group:

Standards Member _____ Yes

Standards Member _____ Yes

Standards Member _____ Yes

Committee notes: