



### NEW PRODUCT SCREEN FORM

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

This is not the Membership Application. **\*Do Not email this form, print and bring it with you or fill out at screening\***

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Product(s) to be reviewed:** \_\_\_\_\_

Have you had the same type of items screened before? Yes  No

What other items have you already had screened? \_\_\_\_\_

Do you make these products yourself? Yes  No  (Please Explain)

Do you have employees? (Immediate family members are not employees) Yes  No  (Please Explain)

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).

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

*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.*

*(If No, Please Explain Below):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Have you received, or read online, the Member Information Handbook and Craft Guidelines?      Yes       No

*You are responsible for knowing and following the Saturday Market Rules and Regulations as detailed in the Member Information Handbook and Craft Specific Guidelines.*

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, contact number where you can be reached between 4:00 pm - 5:00pm: \_\_\_\_\_

**For Standards Use Only:**

Has the member attended the Market Orientation?      Yes       No

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:      Yes       No        Or A Small Group

Standards Member: \_\_\_\_\_ Yes      Standards Member: \_\_\_\_\_ Yes      Standards Member: \_\_\_\_\_ Yes

Committee Notes: \_\_\_\_\_

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