KFCM VENDOR RECORDS – ARTISIAN / CRAFTER Date:_____

Name:_____

Business Name:_____

Address where product is made:

_____

What is the Product/s_____

_____

List of Raw materials used

List of tools and/or equipment used for making product

Please give a brief description of the process you use to create your product/s

I have read and understood the KFCMS Artisan/Crafter Vendor Regulations-Refer to the ROO2017
Applicants Signature_____ Date_____

If further space is required please use multiple forms or the back portion of this sheet