Amberley Farmers Market Incorporated Society Stallholder Profile Form

Your Business Story

Your Name / Business Name:

_____

How long have you been in business?

_____

Did you do anything else before starting this business?

_____

Passion & Purpose

Why did you start this business?

_____

Where did your passion come from?

_____

What do you love most about it?

_____

Skills & Learning

Did you need any training or skills to start?

_____

What did you need to learn?

_____

Business Operations

How many days a week do you work to run your business?

_____

Where do you source your ingredients from?

_____

Extra Insights

Is there something surprising or interesting about your business you'd like to share?

_____

What do you enjoy doing in your free time?

_____