



ARTISANS MARKET ON THE SQUARE
 www.artisansmarketonthesquare.com
 Application Form

I am applying for:

_____ Folk Festival - Mountain View, Arkansas, (3rd Friday and Saturday in April)

_____ Bean Fest - Mountain View Arkansas, (Last Friday and Saturday in October)

Name: _____

Business Name: _____

Address: _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Cell Phone: _____

E-mail _____ **REQUIRED**

Calculate Fees:

_____ I will be the only artist in my booth (10'x10' with one artisan \$75)

_____ I will be sharing the booth with the artisans listed below. (There is an additional charge of \$25 per artisan)

Please list names of additional artisans: _____

(each artisan must submit their own application)

\$ _____ One Artist Fee (\$75)

\$ _____ Additional Artist Fee (\$25 for each)

\$ _____ Additional 10'x10' Space (\$50)

\$ _____ TOTAL FEES DUE

Arkansas Sales Tax Number _____

Medium/Category of items to be sold: _____

Briefly describe the products to be sold: _____

(Only items described on this form will be permitted at the Market)

Check the appropriate categories if you are not supplying jury photographs:

- Mountain View Art Guild
- Off the Beaten Path Studio Tour
- Ozark Folk Fiber Guild
- Ozark Folk Center
- Previous Artisans Market or Christmas Showcase vendor

I am a new applicant. I have emailed four images of my work and one of my booth to arkansascraftguild@gmail.com Questions? 870-269-4120.

(Be sure to put ARTISANS MARKET JURY in the subject line)

Artist Agreement

I will only be selling work that I handcrafted.

I agree to abide by the Guidelines of the Artisan's Market.

I understand that neither the City of Mountain View, nor the Artisans Market on the Square, nor the Arkansas Craft Guild is responsible for any loss, damage, or stolen merchandise or personal injuries, nor will I be a party to any legal action.

I agree to be ready to begin selling my products at 11:00 AM on Friday, and I will not leave the show until 4:00 PM on Saturday of the Artisans Market.

I authorize the Arkansas Craft Guild to use my photos and biographical material for publicity purposes in advertising and show publications.

ONLY ARTISANS WHO AGREE FULLY TO THIS CONTRACT WILL BE ACCEPTED:

Signature _____ Date _____

Mail this completed application with check for the amount calculated above made out to "Arkansas Craft Guild" to: Arkansas Craft Guild, P.O. Box 800, Mountain View, AR 72560