

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

Hours: Friday 11 to 6; Saturday 9 to 4

l am	applying for:			
		April 19 - 20, 2024 Mounta il) Deadline for entry April 1.	in View, Arkans	as, (3rd Friday and
		t <b>25 - 26, 2024 Mountain Vi</b> ober) Deadline for entry Oct. 1.	• •	4th Friday and
Name	e:			
Busin	ess Name:			
Addre	ess:			
City _			State	Zip
Day P	ay Phone Evening Phone		Cell Phone:	
E-mai	il			REQUIRED
	_ I will be shari additional cha Please list na	nly artist in my booth (10'x1 ng the booth with the artisa arge of \$25 per artisan) mes of additional artisans: _	ns listed below.	(There is an
\$	One Artis Additiona	l Artist Fee (\$25 for each)	cation)	
\$ \$	Additiona  TOTAL FE	l 10'x10' Space (\$50) ES 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)				
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 AgreementI will only be selling work that I handcraftedI agree to abide by the Guidelines of the Artisans MarketI 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 actionI 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 MarketI authorize the Arkansas Craft Guild to use my photos and biographical material for publicity purposes in advertising and show publications. Even if you aren't required to jury, new photos of your work will greatly aid our Facebook or Instagram publicity efforts. FB is @artisansmarketonthesquare.				
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 or we can bill you on Square or PayPal for credit card purchase.				
Our email arkansascraftguild@gmail.com				