

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

Hours: Friday 11 to 6; Saturday 9 to 4

I am applying for:

Folk Festival April 14 - 15, 2023 Mountain View, Arkansas, (3rd Friday and Saturday in April) Deadline for entry April 1.

Bean Fest Oct 20 - 21, 2023 Mountain View Arkansas, (3rd Friday and Saturday in October) Deadline for entry Oct. 1.

Name:				
Business Name:				
Address:				
City		State	Zip	
Day Phone	Evening Phone	Cell Pho	Cell Phone:	
E-mail			REQUIRED	
I will be sharing additional charg	y artist in my booth (10'x the booth with the artisa ge of \$25 per artisan) es of additional artisans: _	ans listed below.	(There is an	
(each artisan m \$ One Artist F	ust submit their own appl ^F ee (\$75) Artist Fee (\$25 for each)			
\$ 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)

_ 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 Artisans 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.

Even if you aren't required to jury, new photos of your work will greatly aid our Facebook or Instagram publicity efforts. FB @artisansmarketonthesquare.

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

Signature _____ Date _____ 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