



**LABOR DAY
ARTS & CRAFTS SHOW**
Sunday, September 3, 2017
 10:00 am — 4:00 pm
 Downtown Eagle River
 Eagle River, WI

OFFICE USE ONLY

Check #: _____
 Amt Paid: _____
 Post Mark Date: _____
 Cert. of Insurance: _____
 Booth Assignment: _____

Submit to: EAGLE RIVER
 AREA CHAMBER OF COMMERCE
 P.O. Box 1917—LD
 Eagle River, WI 54521
 800-359-6315 or email: kim@eagleriver.org

Business Name: _____
Exhibitor Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____ **Cell Phone:** _____
Website: _____ **E-Mail:** _____

Method of Payment: Check / Money Order enclosed: (Made payable to the Eagle River Chamber of Commerce)
 Credit Card —Type: Visa MasterCard Discover Card

Credit Card Number _____ **Expiration Date** _____
Signature _____ **Date** _____

Booth Space: _____ Outside space 10' x 10' \$ 75 \$ _____
 Total Remitted \$ _____

Brief Description of Items Being Sold:

IN ORDER FOR YOUR WORK TO BE CONSIDERED FOR EXHIBITION

YOU MUST SUBMIT THE FOLLOWING:

- 1) This *completed* and *signed* Application and provide a certificate of General Liability Insurance.
- 2) Your check/money order or credit card information which will be returned if your work is not selected.
- 3) 3 to 5 color photographs of items to be considered for exhibition. All work exhibited is expected to be equivalent in quality to that depicted in the application photographs. Photos must be labeled with your name and a short description of items being sold. We will return your photos with confirmation of acceptance.

I accept the rules and regulations regarding my participation in the 2017 Labor Day Arts & Crafts Show. I understand that all work exhibited MUST be my very own original art or handmade craft.

Signature: _____ Date: _____

Seller's Permit Form
Labor Day Arts & Crafts Show
Sunday, September 3, 2017

Return to: Eagle River Area Chamber of Commerce
P.O. Box 1917—LD
Eagle River, WI 54521

Wisconsin law (sec. 73.03(38), Wis. stats.) requires that each operator of a swap meet, flea market, craft fair or similar event must report to the Wisconsin Department of Revenue the name, address, social security number and the Wisconsin seller's permit number (if available) of each vendor selling merchandise at the event.

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR APPLICATION

1. Name of Operator or Sponsoring Organization: Eagle River Area Chamber of Commerce
2. Name of Event: Labor Day Arts & Crafts Show
3. Date(s) of Event: September 3, 2017
4. Location of Event (City or Town): Eagle River, Wisconsin
5. Vendor/Seller's Real Name: _____
6. Business Name: _____
7. Address: _____
8. City, State, and Zip Code: _____
9. Social Security Number: _____
10. Wisconsin Seller's Permit Number: _____

Indicate below the type(s) of activity you intend to engage in at this event.

11. **Selling Merchandise** - Includes the sale, rental, lease, exchange, trade or taking orders of any merchandise goods, or products for money and/or other consideration. Describe the type of product. _____

12. **Selling a Service** - Includes the sale, rental, lease, exchange or trade of any service or admission for money and/or other condition. Describe the type of service or admission. _____