



# MEMORIAL DAY ARTS & CRAFTS SHOW

Saturday, May 27, 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—MD  
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:**

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### 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 Memorial 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**  
**Memorial Day Arts & Crafts Show**  
**Saturday, May 27, 2017**

Return to: Eagle River Area Chamber of Commerce  
P.O. Box 1917—MD  
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: Memorial Day Arts & Crafts Show
3. Date(s) of Event: May 27, 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. \_\_\_\_\_