



Office Use Only:

2010 Fall Out of Summer Arts Festival VENDOR APPLICATION

EVENT TERMS

- Artists' Exchange's 3rd annual Fall Out of Summer (FOOS) Festival will take place outdoors in the paved lots surrounding Artists' Exchange and Citizens Bank (50 Rolfe Square, Cranston, RI) on Sunday, September 26th from 11am to 5pm. The rain date is scheduled for the following Sunday, October 3rd from 11am to 5pm.
- Vendors can arrive as early as 8am to set up. Artisans must supply own display, including table(s) and chair(s). There will be an additional registration fee for each additional space. Each space is approximately 9'x9'. This includes your sitting, storage, loading and display space. Tents 10x10 or smaller can be accommodated.
- A registration fee of \$50 is required with this application and your entry. You will receive a refund should you not be chosen to participate. *Registrations received by August 6, 2010 will qualify for a reduced early registration fee of \$35.*
- All vendors are required to stay for the duration of the event.
- No refunds will be given after you are accepted into the show.
- Artists' Exchange is not responsible for any loss, damage or theft during the event.
- Our event is family-oriented. We reserve the right to require removal of any items which we do not deem appropriate for our audience.
- Your application, payment and images must be received by Friday, August 27th. Images will be returned if you include a self-addressed stamped envelope. Artists' Exchange will contact all vendors who have been accepted by Friday, September 3rd.

*If you are interested in participating in the festival, fill out the form below. Enclose three images (images unnecessary if website included below) of your work, along with a check payable to Artists' Exchange. MasterCard and Visa also accepted.
Mail to: Artists' Exchange FOOS Fest, 50 Rolfe Square Cranston, RI 02910.*

ARTISTS' EXCHANGE 2010 FOOS FESTIVAL ARTISAN/VENDOR REGISTRATION FORM

Business Name (if applicable): _____ Contact Person: _____

Mailing Address: _____

Best Phone Number to Contact: _____ Alt. Phone: _____

Email: _____ Website (if applic.): _____

Product/Craft Type(s): _____

Price Range of Items: \$ _____ - \$ _____

SALES PERMITS

____ I have a **Permit to Makes Sales at Retail**, issued by the RI Division of Taxation. Permit No. _____
(A copy of your permit must accompany this application)

____ I do NOT have a permit, and would like to purchase a **Temporary Retail Sales Permit** at the event. (Make check payable for \$10 to Tax Administrator and bring it to the event. You will combine your taxes and the cost for the temporary permit in one check. Checks will be collected at the end of the event. *(This permit expires at the close of business at the event)*)

PAYMENT

I will need _____ space(s). *Check here if you will be bringing a tent:* _____
[_____ (# spaces) X _____ (rate) = _____ (registration fee)]

____ Check Enclosed (# _____)

____ Please charge my credit card: Card Type (circle one) MC VISA # _____ Exp. _____

DONATION

Artists' Exchange is a 501(c) 3 nonprofit organization, and all donations made are tax-deductible. Please indicate if you are able to donate a small item (\$30 or less) for our raffle. **Donation Description:** _____

TERMS

I have read and agree to abide by the terms described in the top section of this application.

Authorized Signature

Printed Name

Date