



2024 Application for Artisan Vendors

Your full name: _____ Your business name (if different): _____

Name you prefer for your complimentary directory listing: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Alternative Address: _____ City: _____ State: _____ Zip: _____

Dates of alt/seasonal address: _____ Phone: (____) _____ Cell: (____) _____

Insurance Company name: _____ **Attach a copy of your policy** _____

Email address: _____ Website: _____

Please note that there is no extra cost to print this information in the directory. This is simply the information we need for our records and your complimentary directory listing.

Please indicate up to three categories you would like to be listed under in the Fair Directory.

- | | | |
|---|--|--|
| <input type="checkbox"/> Apparel – Accessories | <input type="checkbox"/> Fishing & Hunting | <input type="checkbox"/> Pet Accessories & Treats |
| <input type="checkbox"/> Apparel – Embellished | <input type="checkbox"/> Floral | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Apparel – Handmade | <input type="checkbox"/> Furniture | <input type="checkbox"/> Pottery |
| <input type="checkbox"/> Basketry | <input type="checkbox"/> Glass & Porcelain | <input type="checkbox"/> Quilting |
| <input type="checkbox"/> Books | <input type="checkbox"/> Home Decor | <input type="checkbox"/> Recycled & Upcycled |
| <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Honey, Preserves
& Syrup | <input type="checkbox"/> Rugs |
| <input type="checkbox"/> Candles | <input type="checkbox"/> Jewelry & Adornments | <input type="checkbox"/> Sculpture & Carving |
| <input type="checkbox"/> Ceramics & China | <input type="checkbox"/> Leather | <input type="checkbox"/> Soaps, Skin Care & Scents |
| <input type="checkbox"/> Christmas, Seasonal Crafts | <input type="checkbox"/> Metal & Iron | <input type="checkbox"/> Stone |
| <input type="checkbox"/> Dolls & Accessories | <input type="checkbox"/> Painting & Drawing | <input type="checkbox"/> Toys & Games |
| <input type="checkbox"/> Edibles and Mixes | <input type="checkbox"/> Paper & Stamps | <input type="checkbox"/> Woodworking-General |
| <input type="checkbox"/> Fancywork & Cloth work | <input type="checkbox"/> Performing Musical Artists | <input type="checkbox"/> Woodworking-Decorative |
| <input type="checkbox"/> Fiber Arts | | <input type="checkbox"/> Other |

Description of work to be sold: Provide extra pages if necessary along with photos of new products. The onsite jury and staff will use this information to verify the contents of your booth.

- ~Are you sharing a booth space with a partner? ___ Yes ___ No
- ~Do you have a canopy? ___ Yes ___ No
- ~Do you plan to use a generator (this may affect your booth placement). ___ Yes ___ No
- ~Would you like your website/Facebook information shared on our Facebook Page? ___ Yes ___ No

MN State Sales Tax number (including any partners)

Filed by name _____ MN Sales Tax Number _____

All applicants must also include a completed and signed ST-19 form every year

MDA Mobile Food Handlers License Number

(Required for all processes and packaged food vendors)

Filed by name _____ Phone # _____

Fees and Payment Information:

Non-refundable Application Fee: \$10 10.00
Additional Non-refundable Application Fee (for additional partner listing)*: +\$ _____
City of Little Falls License Fee: \$ 15 per location (not space) +\$15.00
Entry Fee:

EARLY BIRD SPECIAL

Application and Payments received before May 31,
\$205.00 per space [for 1st and 2nd space(s)] + \$ _____
Application and Payments received after May 31, will be \$255.00 **for**
1st space and \$205.00 for 2nd space and will not guarantee your same spot as last
year. + \$ _____
\$110 per space for 3rd and beyond in the same location + \$ _____

Total # of spaces desired _____

TOTAL AMOUNT OF PAYMENT = \$ _____

Please make checks payable to: Little Falls Area Chamber of Commerce
Visa or MasterCard payment may be made by phone (320) 632-5155

***To ensure your same spot as last year, this form, a MN ST19 form and payment must be completed and signed MARCH 31. We will not "hold" checks.**

Read, initial and sign below.

If you are sharing a booth, each person must initial and sign.

**Persons sharing a booth need to provide two application fees if they would like both persons names to appear in the Directory.*

____ By signing this document, I am stating that all information provided in this application is correct and that I have read the Rules & Regulations document and agree to abide by its content.

____ I will conduct myself in a professional manner with respect to my neighbors, volunteers, customers, and the Chamber of Commerce staff. I fully understand that if the officials of the Arts & Crafts Fair find fault with my product or conduct, I will correct it or voluntarily leave without refund or incident.

____ I agree to indemnify and hold harmless the Little Falls Area Chamber of Commerce and its employees, volunteers, City of Little Falls, and private property owners from any loss or liability that may arise as a result from my entry in the Fair.

____ **I certify that all the items I will offer for sale are produced by me or my family,**
NOT buy/sell or commercially produced items.

Signed _____ Date _____

Signed _____ Date _____

To reserve your same location as last year, please return this completed and signed application with payment and ST-19 form postmarked by MARCH 31 to:

Little Falls Area Chamber of Commerce, 200 First St NW, Little Falls, MN 56345 OR via electronic mail to artsandcrafts@littlefallsmnchamber.com and call for payment (320) 632-5155.

Incomplete applications will be returned.