2016 Milton Art Center Artisan Fair Vendor Application

We have a juried selection process to review applicants. Due to this process, repeat acceptance can vary from year to year. Our show has a high standard as to the goods sold and vendors accepted. Our solid reputation as an Artisan show means increased customers each year and that translates into more sales for our vendors. We limit each category to make the show varied in fairness to both the vendors and the patrons. Please share this form with others and thank you for your interest in our show.

Please return your completed application by the 10/10/16. All applications will be reviewed by the show jury and notified of acceptance, waitlist or denial by email no later than 10/20/16. Applications are also available online at MiltonArtCenter.org. Please keep a copy of this application for your records. Any questions should be directed to Ann Issner at aissner193@comcast.net. Thank you for your interest.

| Date of Show: | Saturday, December 3, 2016 |
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| Time of Vendor Show: | Doors open at 10:00 a.m. and ends at 3:00 p.m. |
| Location: | Milton Art Center, 334 Edge Hill Road, Milton, MA |
| Set-Up Time: | 8a.m. – 9:30 a.m. |
| Parking: | Parking is behind the MAC (more details to follow) upon Vendor acceptance. |
| Fee: | Each \$75 fee entitles the vendor to a seven (7) foot space (Limited six-foot tables |
| | are available for an additional fee of \$10.00) – Chairs are available at the MAC |
| Clean Up: | Please clean your area, and exit by 4:00 p.m. (another event takes place that evening) |
| Donation: | You must donate one item from your product line for our raffle. |
| Sales Tax: | Vendors are responsible for their own sales tax |
| Other: | No canopies or tents are allowed. Please purchase two spaces if required (spaces |
| | will be assigned before the show). |
| Photos: | Vendors must provide a 4"x 6" close-up photo(s) of the product, your website address or |
| | include a company catalog (these will only be returned if you provide a self-addressed |
| | stamped envelope). |
| ****** | ****************** |
| | (Please print neatly) |
| Your name: | |
| Business name (if differ | rent than above): |
| Mailing address: | |
| Phone: () | Email: |
| Product description (please be specific as to what you plan to sell at your table): | |
| | Yes SASE enclosed if you wish your photos to be returned:Yes No |
| | es requested: x \$75.00 = |
| Number of tables reque | ested:x \$10.00 rental fee = (Limited amount available) |
| Total amount is due wit | h application: \$ |
| Check if need an | electrical outlet is needed (a limited amount of outlets are available) |
| Website (if availa | able): |
| v | the Milton Art Center Artisan Fair and understand that the Milton Art Center is <u>NOT</u> age or loss to exhibit or person. |
| Signature: | Date: |
| | |

Please mail completed application and your check (payable to Milton Art Center) to: Milton Art Center, 334 Edge Hill Road, Milton, MA 02186 – Attention: Artisan Fair. If we cannot accommodate your request for entry to the fair, we will tear up your check. Thank you for your interest in our event.