



**MEMORIAL DAY  
ARTS & CRAFTS SHOW**  
**Sunday, May 26, 2024**  
 10:00 am - 4:00 pm  
 Downtown Eagle River  
 Eagle River, WI

<b>OFFICE USE ONLY</b>	
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: [events@eagleriver.org](mailto:events@eagleriver.org)

**Business Name:** \_\_\_\_\_

**Exhibitor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Method of Payment (Please make payable to the Eagle River Chamber of Commerce):**

- Check
- Money Order
- Credit Card

**Credit Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **CVC#:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Booth Space(s): \_\_\_\_\_ Outside space(s) 10' x 10' ..... \$ 125 \$ \_\_\_\_\_

**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 Seller's Permit Form (side one and two of this sheet).
- 2) A certificate of General Liability Insurance valid during the time of the show, must be on file with our office in order to participate.
- 3) Your booth payment in the form of check(s), credit card information or money order(s). Please make checks payable to the Eagle River Area Chamber of Commerce. If your work is not selected all fees will be returned to you.
- 4) Five color photographs of your work for jurying. One photo must be of your display booth, one must show you working on your project and three must be of the items you will be selling at the event. Photos must be labeled with your name and a short description of the items being sold. **All work exhibited is expected to be equivalent in quality to that depicted in the application photographs.** We will return your photos to you. Photos can be emailed to: [events@eagleriver.org](mailto:events@eagleriver.org)

I accept the rules and regulations regarding my participation in the 2024 Memorial Day Arts & Crafts Show. I understand that all work exhibited has to be my very own original art or handcrafted items.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Seller's Permit Form**  
**Memorial Day Arts & Crafts Show**  
**Sunday, May 26, 2024**

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 26, 2024
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 (**Required - Last Four Digits Only**): \_\_\_\_\_
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 or money and/or other condition. Describe the type of service or admission. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_