LABOR DAY ARTS & CRAFTS SHOW

Sunday, September 6, 2026

10:00 am - 4:00 pm
Downtown Eagle River
Eagle River, WI

OFFICE USE ONLY

Payment Form: _____
Amt Paid: _____
Post Mark Date: _____
Cert. of Insurance: _____
Booth Assignment: _____

Submit to: EAGLE RIVER AREA CHAMBER OF COMMERCE
P.O. Box 1917 - LD
Eagle River, WI 54521
800-359-6315 or email: 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:____ **Outside space 10' x 10' ..... $ 125** **$**_____

Total Remitted **$**_____

Brief Description of Items Being Sold:

_____

_____

_____

_____

_____

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

I accept the rules and regulations regarding my participation in the 2026 Labor Day Arts & Crafts Show. I understand that all work exhibited has to be my very own original art or handcrafted item.

Signature: _____ Date: _____

Seller's Permit Form
Labor Day Arts & Crafts Show
Sunday, September 6, 2026

Return to: Eagle River Area Chamber of Commerce
P.O. Box 1917 - LD
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: Labor Day Arts & Crafts Show
3. Date(s) of Event: September 6, 2026
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 **(Required)**: _____

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. _____