



Artisan Application

★ Gaspee Days Arts & Crafts Festival ★

Please enclose the following:

- Completed Artisan Application
- Check made payable to
Gaspee Days Committee
- At least one image of
Each type of product
- Photocopy of RI Sales Permit*

Stamp, seal, and mail your application to:

Gaspee Days Committee
Attn: Arts & Crafts Festival
P.O. Box 1772, Pilgrim Station
Warwick, RI 02888

By the postmark deadline of **April 18**
Late applications may not qualify for review.



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Contact Information

Please fill in all of the fields below with the information necessary to contact you and/or your business. All fields are **required** unless otherwise stated. Omitting or providing incomplete information may result in a delay while processing your application so please provide all information neatly, clearly, and completely.

Business Name		
Applicant's Name	Date of Birth	
Street Address		
City	State	Zip Code
Primary Phone	Mobile Phone (if not primary)	
E-mail	Website (optional)	

Product Details

Please list below **all products** that you intend to sell at the Festival. The attempted sale of any items not listed on this application may result in immediate ejection from the event without refund of any costs or fees and/or barring from future celebrations of the Gaspee Days Arts & Crafts Festival.

Please check this box if **all** of your wares are hand crafted. Be honest.

Space Options

Payment Method

Space or Block Preference	Number of Spaces Requested	X \$225 per space =	Amount Enclosed
Availability not guaranteed.	Maximum of three per vendor		Make checks payable to: Gaspee Days Committee

License Information

- My business has a **permanent Rhode Island tax I.D.** and my sales permit number is _____.
A copy of my tax license will be attached to my application upon submission as proof of validity.
- I do not have a tax license in the State of Rhode Island. Please issue me a **temporary retail sales permit** on behalf of the State prior to the Festival. I agree to pay the \$10 license fee made payable by check to "Tax Administrator" upon issuance as well as to surrender 7% of all of my profits made on taxable goods in the form of check made payable to Tax Administrator at the conclusion of the event to the Gaspee Days Committee, which will act as liaison to the state. I acknowledge that any problems will be reported to the Rhode Island Division of Taxation and handled accordingly.

Contract Statement

Applicant's Signature	Date (MM/DD/YYYY)
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I, the above signed, have fully read, acknowledge, and understand all rules and regulations pertaining to the Gaspee Days Arts & Crafts Festival set forth by the Gaspee Days Committee and agree to abide by these policies. I release the Gaspee Days Committee and its volunteers from any and all liability for damaged or injured person or property and agree to the terms of agreement as legal binding contract. Should this contract or any of its policies be broken or disregarded, I agree to forfeit all costs and fees and vacate the premises without refund. My enclosed check reaffirms my consent to abide by these rules.