



ARTIST APPLICATION
Chino Cultural Foundation

ART UNCORKED
Thursday, June 27, 2019 5:30-8:30pm
Brinderson Hall, 5410 Edison Ave. Chino

Full Name of Artist Participant: _____

Address: _____ City: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Cell: _____

Email: _____ Sellers Permit #: _____

ARTIST INFORMATION

Type of artwork to be displayed/sold:

Describe your work more fully or give a brief background on yourself as an artist:

GENERAL INFORMATION

- Set up time is 3:00pm. Please have your display ready for business by 5:00pm
- A 10'x10' space will be provided for participants.
- Artists are responsible for their own display structure, additional lighting if needed.
- The Foundation will provide on 8 ft. table and 2 chairs and one black tablecloth.
- Sales tax will be the responsibly of the artist/vendor.
- Artists / vendors must submit a sample / picture of their work along with their application.
- If you do not have a city business license you must complete the accompanying Vendors Permit and make a check payable to CITY OF CHINO in the amount of \$13
- Return this form with a copy of your city permit or your city business license by June 1st, 2019.
- If accepted by the committee a one-time fee of \$50 will be charged

Direct questions to Sandra Bright (909) 628-8506 or chinoculturalfoundation@gmail.com

Release Form: I/We understand that: 1) participation in the Chino Cultural Foundation Art Uncorked event is entirely voluntary; 2) participation exposes me to the potential for injury, death, property damage, and loss; 3) my signature below is my acceptance of any and all associated risks. I attest to the fact that I am legally competent to understand and accept the associated risks; and, I agree not to pursue legal action against the Chino Cultural Foundation for any matters arising as a result of my participation in the Art Uncorked event. The assumption of risk is binding on my heirs. Also, I give permission to the Chino Cultural Foundation to take photographs or videos of me during the event to be used for promotional purposes, advertising, and other print and video materials, which are the sole property of the Chino Cultural Foundation.

I understand this is a full release of any & all liability against the Chino Cultural Foundation. I sign it of my own free will.

Signature

Dated

VENDOR PERMIT APPLICATION

13220 CENTRAL AVENUE CHINO, CA 91710 (909) 334-3263 FAX (909) 334-3727
 MAILING ADDRESS: P O BOX 667 CHINO, CA 91708-0667

CITY OF CHINO FINANCE DEPARTMENT
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BUSINESS INFORMATION

Company Name: _____

Address: _____

Mailing Address: _____

Phone: _____ FAX: _____ Emergency Phone (After hours): _____ Contact Person: _____

Email Address: _____ Website Address: _____

OWNER/OFFICER INFORMATION

Name:	Title:	Name:	Title:
Drivers Lic. #	Social Sec. #	Drivers Lic. #	Social Sec. #

IS THIS A CORPORATION PARTNERSHIP LLC SOLE OWNERSHIP (please check one)

CORPORATE INFORMATION (Please complete this section if you are a corporation, or if your corporate offices are located elsewhere).

Corporate name: _____ Federal Employer's ID# _____ State ID# _____

Address: _____

Phone: _____ FAX: _____

NAME OF EVENT: _____

EVENT LOCATION: _____

DATES OF EVENT: _____

STATE BOARD OF EQUALIZATION PERMIT #: _____

PLEASE DESCRIBE YOUR BUSINESS ACTIVITY IN DETAIL _____

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and ability. I acknowledge that applying for a business license does not guarantee the right to conduct any business activity that is in violation of any city code. All permits required from city departments must be obtained before any business activity will be allowed.

Signature: _____ Print Name: _____ Date: _____