

Monticello Women of Today SPRING 2018 CRAFT SHOW Registration
Saturday, March 10, 2018
Monticello Community Center



Name _____
 Business Name (optional) _____
 Address _____
 City/State/Zip _____
 Cell Phone (_____) _____ Other Phone (_____) _____
 Email _____

Internal Use Only	
Date	_____
Check #	_____
Amount	_____
Confirm Sent	_____

	Booth Cost	# of Booths Needed	Total Amount
8' D x 10' W Booth Space	\$50		
Electrical Hookups	\$10		
TOTAL AMOUNT DUE <i>Make Checks payable to 'Monticello Women of Today'</i>			

BOOTH LOCATION PREFERENCE? Be specific on preferred location and/or special needs (We do NOT guarantee location, but will do our best to accommodate your request. Please list a second choice in event first choice is not available)

1. _____
2. _____

CRAFT DESCRIPTION (*Be specific*) Include Photographs of Crafts – **MANDATORY FOR ALL NEW EXHIBITORS!!!**

Please circle the category(s) you would like to be listed under:

- | | | | | | |
|--|--|--|---|---------------------------------------|--|
| <input type="checkbox"/> Apparel & Accessories | <input type="checkbox"/> Confections/Edibles | <input type="checkbox"/> Glass/Porcelain | <input type="checkbox"/> Metal/Iron | <input type="checkbox"/> Pottery | <input type="checkbox"/> Soaps/Skin Care |
| <input type="checkbox"/> Baby | <input type="checkbox"/> Dolls/Accessories | <input type="checkbox"/> Home Décor | <input type="checkbox"/> Painting/Drawing | <input type="checkbox"/> Purses/Totes | <input type="checkbox"/> Toys/Games |
| <input type="checkbox"/> Candles | <input type="checkbox"/> Floral | <input type="checkbox"/> Jams, Syrups | <input type="checkbox"/> Paper/Stamps | <input type="checkbox"/> Quilts | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Ceramics | <input type="checkbox"/> Furniture | <input type="checkbox"/> Jewelry | <input type="checkbox"/> Photography | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Other _____ |

REGISTRATION DEADLINE: must be postmarked by March 1, 2018. Booths are assigned on a first-come, first-served basis with consideration is given to type of craft/product. (Show limited to a total of 65 booth spaces.). Confirmations will be emailed. If no email, you MUST include a SELF-ADDRESSED, STAMPED BUSINESS SIZE ENVELOPE to receive a confirmation.

CHECK ONE – Registration includes:

- _____ Copy of Sales Tax Certificate issued by the State of MN Department of Revenue
 _____ Completed ST19 form declaring your state sales tax ID or exemption from collecting sales tax
 _____ Written statement declaring qualification for the isolated and occasional sales exemption (see instructions)

The Monticello Community Center, the City of Monticello, the Monticello Senior Center, and the Monticello Women of Today accept no responsibility for any injury, theft, or mishap that occurs during this activity. I agree to the above and all provisions on the craft show general information sheet.

Signature _____ Date _____

Return registration and payment to:

Monticello Craft Show
 PO Box 643
 Monticello, MN 55362

For Inquiries:

Email (preferred): MontiWTCraftShow@gmail.com
 Call our Craft line at 763-295-0038 and leave a message.

Website: www.MonticelloWomenofToday.org

Operator Certificate of Compliance

Read the information on the back before completing this certificate. **Person selling at event:** Complete this certificate and give it to the operator/organizer of the event. **Operator/organizer of event:** Keep this certificate for your records.

Do not send this form to the Department of Revenue.

Print or type

Name of business selling or exhibiting at event		Minnesota tax ID number	
Seller's complete address		City	State Zip code
Name of person or group organizing event			
Name and location of event			
Date(s) of event			

Merchandise sold

Describe the type of merchandise you plan to sell.

Sales tax exemption information

Complete this section if you are not required to have a Minnesota tax ID number.

- ☐ I am selling only nontaxable items.
- ☐ I am not making any sales at the event.
- ☐ I participate in a direct selling plan, selling for _____ (name of company), and the home office or top distributor has a Minnesota tax ID number and remits the sales tax on my behalf.
- ☐ This is a nonprofit organization that meets the exemption requirements described below:
- _____ Candy sold for fundraising purposes by a nonprofit organization that provides educational and social activities for young people primarily aged 18 and under (MS 297A.70, subd. 13[a][4]).
- _____ Youth or senior citizen group with fundraising receipts up to \$20,000 per year (\$10,000 or less before January 1, 2015)(MS 297A.70, subd. 13[b][1]).
- _____ A nonprofit organization that meets all the criteria set forth in MS 297A.70, subd. 14.

Sign here

I declare that the information on this certificate is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.

Signature of seller	Print name here
Date	Daytime phone ()

PENALTY — Operators who do not have Form ST19 or a similar written document from sellers can be fined a penalty of \$100 for each seller that is not in compliance for each day of the selling event.