Monticello Women of Today SPRING 2019 CRAFT SHOW Registration SATURDAY, MARCH 16th, 2019 **Monticello Community Center**

Name	
Business Name (optional)	
Address	Internal Use Only
City/State/Zip	Date Check #
Cell Phone ()Other Phone ()	Amount
Email	Confirm Sent
Facebook/Website Name (URL)	

	Booth Cost	# of Booths Needed	Total Amount	BOOTH LOCATION PREFERENCE? Be specific on preferred location and/or
8' D x 10' W Booth Space	\$50			special needs (We do NOT guarantee location,
Electrical Hookups	\$10			but will do our best to accommodate your request. Please list a second choice in event first choice is
TOTAL AMOUNT DUE		<i>i</i> – <i>i</i> – <i>i</i>		not available)
Make Checks payable to ' I	Monticello Wo	men of Today'		1 2

CRAFT DESCRIPTION (Be specific) Include Photographs of Crafts – MANDATORY FOR ALL NEW EXHIBITORS!!! (Photos can be emailed to us at montiWTcraftshow@gmail.com)

Please circle the categor	y(s) you would like to be li	isted under:			
Apparel & Accessories	□Confections/Edibles	□Glass/Porcelain	□ Metal/Iron	Pottery	Soaps/Skin Care
🗖 Baby	Dolls/Accessories	Home Décor	Painting/Drawin	g 🛛 Purses/Totes	Toys/Games
Candles	🗖 Floral	Jams, Syrups	Paper/Stamps	Quilts	Woodworking
Ceramics	🗖 Furniture	Jewelry	Photography	Seasonal	Other

REGISTRATION DEADLINE: must be postmarked by March 8, 2019. Booths are assigned on a first-come, first-served basis with consideration given to type of craft/product. (Show limited to a maximum of 70 booth spaces.). Confirmations will be emailed. If no email, you MUST include a <u>SELF-ADDRESSED, STAMPED BUSINESS SIZE ENVELOPE</u> 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 statement of 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 Website: www.MonticelloWomenofToday.org Leave a message at our Craft voice mailbox: 763-295-0038

EACH VENDOR MUST PROVIDE THIS FORM (OR EXEMPTION STATEMENT)

ST19

DEPARTMENT OF REVENUE

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.

	Nam	e of Business Selling or Exhibiting at Event		Minnesota Tax II	D Number
	Selle	r's Complete Address	City	State	ZIP Code
Print or	Nam	e of Person or Group Organizing Event			
Pr	Nam	e and Location of Event			
	Date	(s) of Event			
se	Desc	cribe the type of merchandise you plan to sell.			
Merchandise Sold					
Mer					
	Cor	nplete 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.			
q		I participate in a direct selling plan, selling for or top distributor has a Minnesota tax ID number	and remits the sales tax on my		<i>y),</i> and the home office
nptio		This is a nonprofit organization that meets the exe	emption requirements describe	d below:	
Sales Tax Exemption		Candy sold for fundraising purposes by a n people primarily aged 18 and under (MS 2).		ides educational and soci	al activities for young
Sales T		Youth or senior citizen group with fundrais 297A.70, subd. 13[b][1]).	sing receipts up to \$20,000 per	year (\$10,000 or less befo	ore January 1, 2015)(MS
		A nonprofit organization that meets all the	e criteria set forth in MS 297A.7	0, subd. 14.	

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.

Sign