

**Monticello Women of Today SPRING 2020 CRAFT SHOW Registration**  
**SATURDAY, MARCH 14<sup>th</sup>, 2020**  
**Monticello Community Center**



Name \_\_\_\_\_

Business Name (optional) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Facebook/Website Name (URL) \_\_\_\_\_

**Internal Use Only**

Date \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Confirm Sent \_\_\_\_\_

	<b>Booth Cost</b>	<b># of Booths Needed</b>	<b>Total Amount</b>
8' D x 10' W Booth Space	\$50		
Electrical Hookups	\$10		
<b>TOTAL AMOUNT DUE</b> <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!!!**  
 (Photos can be emailed to us at [montiWTCraftshow@gmail.com](mailto:montiWTCraftshow@gmail.com) – we may use these in our Facebook advertising)

*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 9, 2020. 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 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 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](mailto:MontiWTCraftShow@gmail.com)  
 Website: [www.MonticelloWomenofToday.org](http://www.MonticelloWomenofToday.org)  
 Leave a message at our Craft voice mailbox: 763-295-0038

# EACH VENDOR MUST PROVIDE THIS FORM (OR EXEMPTION STATEMENT)



ST19

## 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

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

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

*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.