Application Instructions

Gaspee Days Arts & Crafts Festival

Enclose the following with your application:

- □ Completed Artisan Application
- Check made payable to Gaspee Days Committee
- Pictures of each type of product intended to be sold
- Copy of RI Sales Permit OR
 Completed RI Tax application

Stamp, seal and mail your application to:

Gaspee Days Committee Attn: Arts & Crafts Festival PO Box 1772, Pilgrim Station

Warwick, RI 02888

By the postmark deadline of April 1, 2025.
Late applications may not qualify for review.



Gaspee Days Arts & Crafts Festival

Artisan Application

Contact Information

All fields must be completed unless otherwise stated. Inaccurate or incomplete information may delay your application.

| Business Name | | | | | |
|--|--|---|--|--|--|
| Applicant Name | | Date of Birth | | | |
| Street Address | | City | State | Zip Code | |
| Primary Phone | | Secondary Phone | (optional) | | |
| E-Mail Address | | Website (optional) | | | |
| Product Informati | ion | | | | |
| Please describe all produc | | | | not provided on this application lebrations. | |
| Spaces Requests | | • | Payment Details x \$275 per space = | | |
| Location or Block Preference (cannot be guaranteed) | Number of 15' x 10' Spaces (maximum of two) | | | Amount Enclosed by Check (payable to Gaspee Days Committee) | |
| Tax Information I have a normanent to | ax ID in the State of Rhode Islan | d and my cales nern | nit numher ic | | |
| | sland Permit to Make Sales at R | | | roof of validity. | |
| submission. I agree t to "Tax Administrator | | able profits made o t to the Gaspee Days | n taxable goods in tl Committee, which | ne form of a check made payable will act as liaison to the state. I | |
| Contract Execution | , | | | | |
| set forth by the Gaspee Days any and all liability for dama | Committee and agree to abide by | these policies. I relea y and agree to the ter | se the Gaspee Days C ms of agreement as l | laspee Days Arts & Crafts Festival committee and its volunteers from egal binding contract. Should this the premises without refund. | |
| Annlicant Signature | | | | Nate (MM/NN/VVVV) | |