

ARTIST PACKET

Dear Artist,

Thank you for inquiring about displaying your artwork at the Chowan Arts Council, your community arts center. We are always searching for new talent! Enclosed you will find a packet of information to complete and return with your work to be juried. Once your work has been juried, you will be contacted.

We welcome 3-5 pieces of the same medium. If you would like to have more than one medium in the gallery you must fill out a separate jury form. Paintings, photography, mixed media, sculpture, jewelry, and fiber art are among the many things we display.

Please call 252-415-0041 or email us at <u>cacedenton@gmail.com</u> to schedule an appointment. We pride ourselves on helping each and every one that walks through the door and want to make sure we give you the time you need.

Should you have any questions about the information in this packet please don't hesitate to reach out to us! We are happy to help.

Thank you,
The Chowan Arts Council

Chowan Arts Council Artist/Exhibitor Gallery Guidelines

Artist Guidelines:

Complete the artist packet, which includes the following forms:

- 1. Member of the CAC
- 2. Artist Guidelines
- 3. Artist Biography
- 4. Application for work to be juried
- 5. Artist/Gallery Contract
- 6. W-9 Form

Display Guidelines:

All art must be original.

- 1. Copies are not permitted.
- 2. All art should be created within the past two years.
- 3. Please make sure all artwork is labeled clearly.

All artwork should be properly framed.

- 1. Paintings may have painted borders in lieu of framing on gallery wrapped canvas. Thin canvas paintings will not be accepted without a frame.
- 2. Worn, outdated, damaged items will not be accepted.
- 3. All artwork should be properly wired $\frac{1}{3}$ way from the top.
- 4. All work in each individual medium should work as a grouping. For example: Three photographs, three paintings, or three pieces of pottery may be submitted, but not one of each,

We accept prints of original artwork in plastic sleeves.

We do not accept framed prints for sale.

We do not accept giclee.

All artwork must be priced by the artist.

We work on a 65/35 commission.

Please price your work to include the 35% commission. Please bring an itemized list of your work included in this packet.

The hanging committee will rotate work on a regular basis.

We ask that you rotate pieces every 3 to 4 months if possible to keep the gallery fresh.

Please call for an appointment. We will not accept art without an appointment.

COMMUNITY ARTS CENTER

As governed by Chowan Arts Council

ARTIST/GALLERY CONTRACT

| ARTIST: (hereafter referred to as "the artist") | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| (Name, address, phone number and email) | | | | | | | | |
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Chowan Arts Council - DBA Community Arts Center (hereafter referred to as "CAC") 112 West Water Street Edenton, NC 27932 252-415-0041

and

cacedenton@gmail.com

Hereby enter into the following agreement:

- 1. **Agency/Purposes**. The artist appoints *CAC* as agent for works of art consigned under this agreement, for the purpose of exhibition and sale. *CAC* shall not permit the artworks to be used for any other purposes without the written consent of the artist. This agreement applies only to works consigned under this agreement and does not make *CAC* a general agent for other works.
- 2. Warranty. The artist hereby warrants that he/she created and possesses unencumbered title to the artworks, and that their descriptions are true and accurate.
- 3. **Terms and Termination**. This agreement shall have a term of one year (12 months) and may be terminated by either party giving a written notice to the other party. The agreement shall automatically terminate with the death of an artist, or if *CAC* becomes bankrupt or insolvent. On termination, all works consigned hereunder shall immediately be removed to the artist.
- 4. **Prices/Commissions**. CAC shall sell the works at the retail prices shown on the artist's record of consignment. CAC shall receive a commission of 35% of the retail price of each item sold.

| from a sale of his/her work. CAC shall pay the artist within forty-five (45) do commission checks are written on the 15th of the month for sales incurred the approval or credit shall be made without the artist's written consent and, in sales | yments. The artist's dues must be paid for the current fiscal year in order to be eligible to receive proceeds a sale of his/her work. CAC shall pay the artist within forty-five (45) days of the sale. The artist's ission checks are written on the 15th of the month for sales incurred the previous month. No sales on val or credit shall be made without the artist's written consent and, in such cases; the proceeds received by shall be paid to the artist within forty-five (45) days of receiving all monies due. | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| 6. Duration of Consignment . The artist is required to rotate his/her work when requested by CAC. The artist is responsible for picking up any unsold work in a timely manner, determined by CAC. Should the artist fail to pick up work after notification by CAC, the work may be removed from display and stored until retrieved by the artist. After one year of the notification and no contact from the artist, any items left will become property of CAC. | | | | | | | | | |
| 7. Loss or Damage. Due care shall be given by CAC for the safekeeping of a CAC, its staff members, nor the volunteer staff, shall be held liable for dama the responsibility of the artist to insure any artwork should that be desired. | age or loss of any consigned work. It is | | | | | | | | |
| 8. Modifications . Any and all modifications of this agreement must be in writ CAC. | ing and signed by both the artist and | | | | | | | | |
| 9. Choice of Law. This agreement shall be governed by the laws of the state | of North Carolina. | | | | | | | | |
| Artist Signature | Date | | | | | | | | |
| CAC Authorized Signature/Title | Date | | | | | | | | |

Chowan Arts Council Artist Biography

| NAME: |
|-----------------------|
| |
| STREET ADDRESS: |
| |
| CITY, STATE, ZIP: |
| <u> </u> |
| CONTACT PHONE NUMBER: |
| |
| EMAIL: |
| |

Please attach a copy of your current biography.

APPLICATION FOR ART TO BE JURIED

| Artist Name: | | | | |
|--------------|--|------------------------------|---------------|--|
| Mediu | m: | | | |
| 1. | Title: | Price: | - | |
| 2. | Title: | Price: | - | |
| 3. | Title: | Price: | - | |
| 4. | Title: | Price: | - | |
| 5. | Title: | Price: | - | |
| Jurors | s Comments: Framing: | | _ | |
| | sition: | | - - | |
| Can th | e Pieces be displayed together: Y | N | | |
| Have t | he pieces being submitted been created | within the last two years? Y | N | |
| Other | Comments: | | | |
| Jurors | s Sianature: | Date: | | |



Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

| | | 5.140 561 1.155 | | | | | | | | | | | | | |
|---|---|--|------------|----------|--------|-------------------------|--|---|----------------------------|---------|-------|-------|--|--|--|
| Befo | e y | bu begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below. | | | | | | | | | | | | | |
| | 1 | Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the centity's name on line 2.) | wner's na | me on | line ' | 1, and | enter | the b | usir | ness/di | srega | ırded | | | |
| | 2 | Business name/disregarded entity name, if different from above. | | | | | | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | | |
| on page 3. | 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor C corporation S corporation Partnership Trust/estate | | | | | | | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | | | | | | |
| e. ns | | LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) | | | | | | | Exempt payee code (if any) | | | | | | |
| Print or type. c Instructions | | Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. | | | | | Exemption from Foreign Account Tax Compliance Act (FATCA) reporting | | | | | | | | |
| rin Ins | | Other (see instructions) | | | _ | code | (if any | y) | | | | | | | |
| Print or type. See Specific Instructions on page | 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions | | | | | | (Applies to accounts maintained outside the United States.) | | | | | | | | |
| ee | 5 | Address (number, street, and apt. or suite no.). See instructions. Requester's name a | | | | | | | and address (optional) | | | | | | |
| 0) | | | | | | | | | | | | | | | |
| | 6 City, state, and ZIP code | | | | | | | | | | | | | | |
| | 7 | List account number(s) here (optional) | | | | | | | | | | | | | |
| Pa | τI | Taxpayer Identification Number (TIN) | | | | | | | | | | | | | |
| Enter | vou | r TIN in the appropriate box. The TIN provided must match the name given on line 1 to av | oid | Social | sec | curity number | | | | | | | | | |
| backı | y dr | ithholding. For individuals, this is generally your social security number (SSN). However, f | | | | | | | | | | | | | |
| | | lien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other | , . | | | | | | _ | | | | | | |
| TIN, I | - | is your employer identification number (EIN). If you do not have a number, see How to ge | et a | or | | | | | | | | | | | |
| , | | | | Emplo | yer | r identification number | | | | | | | | | |
| | | ne account is in more than one name, see the instructions for line 1. See also What Name | and | | | | | | | | | | | | |
| Numi | oer i | o Give the Requester for guidelines on whose number to enter. | | | | | | | | | | | | | |
| Par | t II | Certification | | | | | | | | | | | | | |
| Unde | r pe | nalties of perjury, I certify that: | | | | | | | | | | | | | |
| 1. Th | e nu | mber shown on this form is my correct taxpayer identification number (or I am waiting for | a numbe | er to be | iss | ued t | o me |); and | t | | | | | | |
| Se | rvice | t subject to backup withholding because (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest over subject to backup withholding; and | | | | | | | | | | | | | |
| 3. I aı | n a | J.S. citizen or other U.S. person (defined below); and | | | | | | | | | | | | | |
| 4. Th | e FA | TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting | na is corr | ect. | | | | | | | | | | | |

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

General Instructions

Signature of

U.S. person

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Sign

Here

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Date