

FOYER GALLERY COMMUNITY ARTS PROGRAM

APPLICATION FORM

Instructions for Applicants

- Please complete the Application Form in **block letters**.
- **Refer to the “Guidelines and Information for Exhibitors”** prior to completing this form for eligibility criteria and Foyer Gallery terms and conditions.
- Applications are required at least **1 month prior to the scheduled art exhibition**.
- Please email a minimum of **three jpegs** of current work to tlawson@mitchamcouncil.sa.gov.au or deliver a USB of current work
- All **art work must be supplied ready to hang**.
- If you have any queries or would like assistance in completing this application form please contact the Information & Arts Officer on 8372 8812

SECTION A: DESCRIPTION OF GROUP OR INDIVIDUAL

1. **Name of group or individual:**

.....

2. **Address:**.....

.....Post Code:

3. **Name and address of contact person:**

.....

.....Post Code:

4. **Contact phone number:**

(Home).....(Mobile).....

5. **Email address:**

6. **Number of members involved in group (if applicable):**

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7. **Is the group or individual a registered business:** Yes No

8. **If yes, ABN No:**GST exempt: Yes No

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SECTION B – DETAILS OF ART FOR EXHIBITION

1. Is this an individual exhibition: Yes No

2. Names of individuals in the group:
.....
.....

4. If applicable, what is the proposed name of the exhibition:
.....

5. What medium is used: Painting Sketch Photography
Wood Textiles Ceramic Metal Paper Mache
Plastics Jewellery Other

6. Description of art style or theme (i.e. portrait photos, wood carving, oil landscapes, silk tapestry, etc.):
.....

8. What is your preferred time to exhibit
Month.....Year.....

9. Please supply details of item and size if any of the pieces are extra-large
.....

10. Are artworks framed: Yes No

13. Please provide a brief summary of each artist for promotional purposes:
(please use extra sheets) * **Details are required 3 weeks before the exhibition date.**
.....
.....

15. Is the artwork/s insured: Yes No If yes, type and name of
company.....
Policy No:.....
Expiry Date...../...../.....(please attach copy of current policy)

16. Do you wish the items to be sold: Yes No
If yes, please indicate price for each piece (prices must include GST)

* **Details are required 3 weeks before the exhibition date.**

(1) Name of artwork:.....	\$.....
(2) Name of artwork:.....	\$.....
(3) Name of artwork:.....	\$.....
(4) Name of artwork:.....	\$.....
(5)...Name of artwork:.....	\$.....
(6)...Name of artwork:.....	\$.....
(7) Name of artwork.....	\$.....
(8)...Name of artwork.....	\$.....
(9)...Name of artwork.....	\$.....

* Please attached a separate sheet for addition artworks.

SECTION C – FOYER GALLERY AGREEMENT

Name:

Address:

I am the owner of copyright in the work/s titled:.....
.....

OR

I have obtained full copyright licence from all copyright owners in the work/s titled:
.....

I have read the Foyer Gallery Community Arts Program, Guidelines and Information for Exhibitors and understand that all expressions of interest will be considered under the policies, procedures and criteria implemented for this program.

I grant permission for the City of Mitcham to display.....items of work/s, listed in the Application Form and/or attachments, for the purposes of an exhibition in the Foyer Gallery area of the City of Mitcham Council Chambers, 131 Belair Road, Torrens Park, SA, 5062.

To the best of my knowledge, the work/s are not defamatory or offensive and there are no restrictions which prevent me from granting this permission.

I agree that the City of Mitcham may use a copy of the work/s for the purposes of promoting an exhibition and/or to keep an administrative record of work/s on a council file, but will not reproduce the work/s for any other purpose.

I understand that the City of Mitcham will take all reasonable care to ensure work/s are protected whilst on exhibition, but takes no responsibility for the loss, damage or theft of any work/s.

I understand that it is the responsibility of the exhibitor/s to cover all costs and procedures relating to insurance, transportation to/from the venue, suitable framework/s and packaging of all artwork.

I understand that the City of Mitcham has the right to refuse any artwork/s which are not suitable within the guidelines and procedures of the Foyer Gallery.

I understand that the City of Mitcham has the right to cancel any exhibition due to unforeseeable circumstances and will not be responsible for any costs incurred by the exhibitor/s.

Signed by:Date:/...../.....

Signed by:Date:...../...../.....



Statement by a supplier

Complete this statement if you:

- are an individual or a business
have supplied goods or services to an other enterprise (the payer), and
are not required to quote an Australia business number (ABN).

Payers must withhold 46.5% of the total payment it makes to you for a supply that you make as part of your enterprise you carry on in Australia, unless an ABN has been quoted or there is no need to quote an ABN.

HOW TO COMPLETE THE STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
Use BLOCK LETTERS and print one character in each box.
Place X in ALL applicable boxes.

SMITHS

Section A: Supplier details

1 Your name?

Grid for name entry

2 Your address?

Grid for address entry with labels for Suburb/town, State/territory, Postcode

3 Your reason/s for not quoting an ABN? Place X in the appropriate box/es.

- The payer is not making the payment in the course of carrying on an enterprise in Australia.
The supplier is an individual aged under 18 years and the payment does not exceed \$120 a week.
The payment does not exceed \$75, excluding any goods and services tax (GST).
The supply that the payment relates to is wholly input taxed.
The supplier is an individual and has given the payer a written statement to the effect that the supply:
is made in the course or furtherance of an activity done as a private recreational pursuit or hobby, or
is wholly of a private or domestic nature (from the supplier's perspective).
The supply is made by an individual or partnership without a reasonable expectation of profit or gain.
The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia.
The whole of the payment is exempt income for the supplier.

Section B: Declaration

Under pay as you go (PAYG) legislation and guidelines administered by the Tax Office, named is not quoting an ABN for the current and future supply of goods or services for the reason or reasons indicated.

Name of supplier (or authorised person)

Grid for name of supplier

Signature of supplier (or authorised person)

Signature box

Daytime phone number

Grid for phone number

Date

Grid for date (Day, Month, Year)

Penalties apply for deliberately making a false or misleading statement.

Do not send this statement to the Tax Office. Give the completed statement to any payer that you are supplying goods or services to. The payer must keep this document with other records relating to the supply for 5 years.

Payers can check ABN records of suppliers by visiting www.abr.business.gov.au or phoning 13 72 26 24 hours a day, 7 days a week.