

The Langford Station Artist Studio Application

See "Information for Potential Vendors" document on our <u>website</u> for more details about the units and requirements.

Applicant Details				
First and Last Name:		Business Name:	Business Name:	
Email:		Phone:		
Home address:				
Number	Street	City	Postal Code	
Website:		Social Media Handles:		
Existing studio/store? ☐ No ☐ Ye	es If yes, address(s):		
Are you a member of an artist ass	ociation? ☐ No ☐ Yes	If yes, which one(s):		
Vending experience: ☐ No ☐ Ye	s If yes, where/how I	ong:		
Proposed hours of operation (incl	uding minimum require	ement):		
Artist Bio:				
Medium(s):		Photos of produ	uct provided (min 3, max 10) 🗆	
Description:				
How are you able to demonstrate	your medium in the sp	pace provided?		
This information is being collected fo Langford Station. In providing this inf declare that all the information providepartments and related agencies for	ormation, you (the applic de herein is correct. This	ant) have consented to its use for th information may be shared with app	e above-described purpose and	
Applicant Signature		Date Signed	Date Signed	