

**ARTS UNITED/FALL RIVER**  
PO BOX 1005, FALL RIVER, MA 02722

PHONE: 917.363.5393

**Store Front Artists Project ~ January 2008**

Name of Artist(s): \_\_\_\_\_

Artist Contact Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Artist Website Address: \_\_\_\_\_

**PLEASE ATTACH YOUR CV TO THIS DOCUMENT.**

**Requested Space Information**

**What is your Min/Max Square Footage: \_\_\_\_\_ / \_\_\_\_\_**

Location Preferences:  NONE  Basement Level  Ground / 1<sup>st</sup> Floor  2<sup>nd</sup> Floor  3<sup>rd</sup> Floor  Other \_\_\_\_\_

Height of Ceilings: \_\_\_\_\_ Linear Wall Space: \_\_\_\_\_ Width/Size of the Largest Door: \_\_\_\_\_

Lighting Needs: Windows: \_\_\_\_\_ Primary Natural Lighting:  N  S  E  W  Fluorescent  Ceiling  Other: \_\_\_\_\_

Freight Elevator  Loading Dock  Passenger Elevator  Stairway

Raised Flooring  Concrete Floor  Wood Floor  Regular Sink  Deep Utility Sink

Off Street Parking  Metered Parking Only  Private Restroom

**PLEASE CHECK ALL THAT APPLY**

Are structural requirements needed (if yes, indicate below)?  Yes  No Do you need a fire-resistant space?  Yes  No

Do you need 24-Hour availability?  Yes  No What hours and days can you commit to each week? \_\_\_\_\_ / \_\_\_\_\_

Are there noise considerations?  Yes  No Do you require that the space be soundproof?  Yes  No

Are there any dust or toxin considerations?  Yes  No If yes, please explain: \_\_\_\_\_

**Artist Specific Information**

Is this application for just one artist?  Yes  No Would you consider having two (2) or more artists share the space?  Yes  No

What is your medium:  Fine Arts Drawing  Oil Painting  Water-based Painting  Sculpture  Pottery/Clay-based Work

Moving or Still Photography  Graphic Design  Computer-based design  Woodworking/Furniture

Metalworking/Jewelry  Music  Dance  Theatre  Silkscreening

Teaching Classes of the selected above

**PLEASE CHECK ALL THAT APPLY**

Comments/Questions: