



*Art Night is a series of pop-up galleries showcasing the creative and artistic abilities of local artists in a collective effort to bring art, music and entertainment to downtown.*

*Art Night is intended to encourage creative thinking, stimulate conversation, inspire artists and enliven the community.*

*Thank you for your interest in Art Night and taking the time to add to the rediscovery of downtown San Bernardino.*

*"Creativity takes courage" - Henry Matisse*

City of San Bernardino  
**Art Night**  
Community Showcase

**CALL FOR ARTISTS**

VISUAL AND PERFORMING ARTISTS ARE INVITED TO PARTICIPATE

**EVENT INFORMATION:**

October 14, 2016 🌿 5pm - 8pm 🌊 Court Street Square Parking Lot

**CRITERIA FOR ELIGIBILITY:**

- Artists must be 18 years and older, unless supervised by a responsible adult.
- Artists must be a resident of San Bernardino or Riverside County.
- Artwork must be original and have been executed and owned by the artist whose name appears in the online entry registration.
- Textiles, such as T-shirts and scarves, must be original work and cannot contain reference to Art Night.
- No items which are ingested or placed on the skin can be demonstrated, exhibited or sold. (Examples: Soaps and Lotions)
- Artwork must have been completed within the last three (3) years.
- There is no entree fee; however, if the artist plans to sell artwork, they must have a California State Sellers Permit and obtain a 1-day sales permit (\$12.00) from City of San Bernardino Business Registration Office. Permit must be displayed at your space on the evening of the event. The application is attached.
- All artwork should embrace the spirit of Art Night as a community event. The Community Development Director has sole discretion to approve all artwork before it is displayed
- Artists may demonstrate techniques within their exhibit space (Example: Painting On-Site or Metal Working).
- The City of San Bernardino, its employees and volunteers are not responsible for the contents, facilities, or individuals associated with Art Night.
- No commercial goods for resale or consigned goods will be allowed.
- Artists must provide their own flame retardant pop-up, chairs, tables and other display equipment. A 10ft x10ft, 10ft x 20ft or a 10ft x 30ft space will be provided.
- There will not be access to electricity at the event. You may bring a generator if needed for your exhibit. Here are Four (4) pre-approved types of generators: 1. Champion Power Equipment 75537i, 3100 Watt 2. Honda EU20001, 2000 Watt 3. WEN 56352, 3000 Watts 4. Smarter Tools STAP-2000iQ, 1600 Watts
- All transaction will take place directly between the artists and the customer.
- Artist spaces must be staffed at all times for the protection of the artists and their work. The City of San Bernardino will not be responsible for any lost, damaged or stolen items, including but not limited to artworks and/or personal affects.
- Artists may only promote their artwork within the exhibit . Solicitation beyond the exhibit is discouraged.
- Artists are responsible for the setup, take down and clean up of their space. Any violation of this will prohibit them from participating in the future. Setup will be from 12pm (Noon) to 4:30pm, and Tear Down will be from 8pm to 10pm.
- Food items will not be allowed for sale through artist booths, but food trucks will be available.
- **ABSOLUTELY NO PYROTECHNICS SHALL BE USED AT THIS EVENT.**
- The City of San Bernardino retains the right to reject any application that does not meet these guidelines.

Questions? Please contact Stephanie Sanchez in Community Development  
(909) 384-7272 X3343 or [sanchez\\_stephanie@sbcity.org](mailto:sanchez_stephanie@sbcity.org)

City of San Bernardino  
**Art Night**  
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Please fill out this application and return by August 25th to:

Community Development  RediscoverSB@sbcity.org  300 N. D St. San Bernardino, CA 92418, 3rd FL

**Include 2 images** that are representative of the work that you will be showing.

**You will be notified by Email of your acceptance for participation in Art Night by September 15th.**

Name of Artist: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_

Medium of artwork to be exhibited or performed: \_\_\_\_\_

Space Needed: 10'x10' \_\_\_\_\_ 10'x20' \_\_\_\_\_ 10'x30' \_\_\_\_\_

Clubs and Group Displays are encouraged to estimate the space needed for their exhibit.

Are you planning to sell artwork at the event? Yes \_\_\_\_\_ No \_\_\_\_\_

If you chose Yes, a one day Business Registration Fee of \$12.00 will be required and due prior to the event.

Photo Release must be signed prior to submission of application:

The City of San Bernardino will be filming and photographing at this location for Art Night. By participating in this event, you irrevocably consent to and authorize The City of San Bernardino, its affiliates, event partners, successors and assigns (Collectively "Producer"), to photograph you and your artwork, to make sounds recordings of you and use such photographs and recordings throughout the world, for any purpose whatsoever in perpetuity, including, but not limited to, television broadcast, websites and marketing material, including but not limited to, online, print and television. All such photographs and sound recordings will be the sole property of Producer. In accordance with Municipal Code Title 12.64.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

*I agree to abide by all guidelines as set forth on the back of this document, along with any forthcoming guidelines. The persons executing this Agreement on behalf of the parties hereto warrant that they are duly authorized to execute this Agreement on behalf of said parties and that by doing so, the parties hereto are formally bound to the provisions of this Agreement.*

**For Office Use ONLY**

Date Received: \_\_\_\_\_

Approved: \_\_\_\_\_

# CITY OF SAN BERNARDINO BUSINESS REGISTRATION CERTIFICATE APPLICATION

NEW	RENEWAL	ACCOUNT NO.	CLASS	DATE STARTED	EXP. DATE	RETURN THIS FORM WITH YOUR REMITTANCE TO:  <b>CITY CLERK, P.O. BOX 1318 SAN BERNARDINO, CA 92402</b>  OR  <b>CITY CLERK 300 NORTH "D" STREET 2<sup>ND</sup> FLR. SAN BERNARDINO, CA 92418</b>  PHONE: (909) 384-5302 OR (909) 384-5035 FAX: (909) 384-5158																							
<b>THE FOLLOWING IS PUBLIC INFORMATION:</b>																													
DESCRIPTION OF BUSINESS/PRODUCTS SOLD						  <b>COMPUTATION OF FEES:</b>  IS THIS A CHANGE IN OWNERSHIP OF A BUSINESS? ___ YES ___ NO																							
NAME OF OWNER (ATTACH SEPARATE SHEET FOR CORPORATE OFFICERS/PARTNERS)																													
NAME OF BUSINESS																													
LOCATION OF BUSINESS (CANNOT BE P.O. BOX)																													
MAILING ADDRESS						<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">FEE AMOUNT</th> </tr> </thead> <tbody> <tr> <td>GROSS RECEIPTS: \$ _____ (FOR PREVIOUS 12 MONTHS) APPLICATION CANNOT BE ACCEPTED OR PROCESSED WITHOUT GROSS RECEIPTS</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>PRIOR YEAR ADJUSTMENT:</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>FLAT RATE:</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>NUMBER OF VEHICLES: _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>NUMBER OF GAME OR VENDING MACHINES: _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>PERMIT FEE: _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>PENALTY: _____%</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>EXT. ENF. FEE: _____%</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>State Mandated Disability Access And Education Revolving Fund</td> <td style="text-align: center;">\$ <u>1.00</u></td> </tr> <tr> <td><b>TOTAL AMOUNT DUE:</b></td> <td style="text-align: center;"><b>\$ _____</b></td> </tr> </tbody> </table>			FEE AMOUNT	GROSS RECEIPTS: \$ _____ (FOR PREVIOUS 12 MONTHS) APPLICATION CANNOT BE ACCEPTED OR PROCESSED WITHOUT GROSS RECEIPTS	\$ _____	PRIOR YEAR ADJUSTMENT:	\$ _____	FLAT RATE:	\$ _____	NUMBER OF VEHICLES: _____	\$ _____	NUMBER OF GAME OR VENDING MACHINES: _____	\$ _____	PERMIT FEE: _____	\$ _____	PENALTY: _____%	\$ _____	EXT. ENF. FEE: _____%	\$ _____	State Mandated Disability Access And Education Revolving Fund	\$ <u>1.00</u>	<b>TOTAL AMOUNT DUE:</b>	<b>\$ _____</b>
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BUSINESS PHONE		STATE LICENSE NUMBER / EXP. DATE		STATE SALES TAX NO.																									
NUMBER OF EMPLOYEES	SQ. FT. OF BUSINESS	EMAIL ADDRESS:																											
<b>THE FOLLOWING IS CONFIDENTIAL INFORMATION:</b>																													
STATE LAW REQUIRES THE CITY TO OBTAIN INFORMATION FROM THE BUSINESSES IT REGISTERS AND TRANSMIT IT TO THE STATE FRANCHISE TAX BOARD. YOUR COMPLETION OF THE INFORMATION REQUESTED ON THIS APPLICATION IS APPRECIATED, AND WILL ELIMINATE THE NEED FOR A FRANCHISE TAX BOARD INVESTIGATOR TO CONTACT YOU TO OBTAIN THIS INFORMATION. THE FOLLOWING MAY BE RELEASED ONLY TO A TAXING AUTHORITY OR ANYONE WITH A COURT ORDER DEMANDING SAME (SAN BERNARDINO MUNICIPAL CODE SECTION 5.04.021).																													
RESIDENCE ADDRESS OF OWNER																													
HOME PHONE		DRIVER'S LIC. NO.		DATE OF BIRTH																									
<b>BUSINESS TYPE:</b>	SOLE OWNERSHIP <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	LLC <input type="checkbox"/>																									
SOCIAL SECURITY #	PARTNERSHIP TAX I.D. #	CORPORATION I.D. #		STATE																									
EMPLOYER IDENTIFICATION NUMBER		<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL																										
<b>FOR CEASED OR SOLD BUSINESSES ONLY:</b> I DECLARE, UNDER PENALTY OF PERJURY, DO HEREBY CERTIFY THAT THE BUSINESS AS STATED ABOVE IS ___ NO LONGER OPERATING IN THE CITY OF SAN BERNARDINO, ___ HAS CEASED OPERATION, OR ___ WAS SOLD ON THE _____ DAY OF _____, 20___ IN THE CITY OF SAN BERNARDINO. IN ADDITION, I UNDERSTAND THAT OPERATING A BUSINESS WITHOUT A VALID BUSINESS REGISTRATION CERTIFICATE (SAN BERNARDINO MUNICIPAL CODE SECTION 5.04.005) IS A MISDEMEANOR. (IF THE BUSINESS WAS SOLD, PLEASE PROVIDE THE DATE SOLD, NEW OWNER NAME, MAILING ADDRESS & TELEPHONE NUMBER.)																													

**I DECLARE, UNDER THE PENALTY OF PERJURY, THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE STATEMENT OF FACTS.**

(PLEASE NOTE: APPLICATION CANNOT BE ACCEPTED OR PROCESSED WITHOUT A SIGNATURE.)

SIGNATURE (X) \_\_\_\_\_

OWNER       AUTHORIZED REPRESENTATIVE

**FOR OFFICE USE ONLY**

RECEIPT OF FEES COLLECTED:      AMOUNT: \$ \_\_\_\_\_      CHECK#: \_\_\_\_\_      DATE: \_\_\_\_\_      BY: \_\_\_\_\_