

Gallery Application

This form is for galleries applying on behalf of an artist. A separate form is required for each artist.

Gallery Information			
Gallery Name*			
Contact Person*			
Address* Include street number and name			
PO Box*		City/Town*	
County*		Province*	
Postal Code*		Telephone*	
Email*			
Artist Information			
Last Name*		First Name*	
Legal Name (If different)			
Address* Include street number and name			
Apt		PO Box	
City/Town*		County*	
Province*		Postal Code*	
Nova Scotia has been the artist's primary residence for at least the past 12 months.*			Yes No

*Mandatory field

Artist Signature	
Artist Name*	
Signature*	
Date*	

Gallery Signature	
Gallery Representative*	
Signature*	
Date*	

*Mandatory field