

# Port Gibson Antiques Market

P. O. Box 607

Port Gibson, MS 39150

## **Dealer Application**

The undersigned dealer hereby makes application for space to exhibit antiques, collectibles, gift items, specialty foods, and other items approved by the management of the **Port Gibson Antiques Market** located at *210 Walnut Street, Port Gibson, MS*. It is agreed that all sales will be conducted by the market employees and the responsibility of the dealer will be to:

- Stock/restock his/her space with properly tagged merchandise
- Arrange the merchandise within his/her space
- Maintain space in good order (which will require periodic dealer visits to market).

Name of Dealer: \_\_\_\_\_

D/B/A (if Applicable): \_\_\_\_\_

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

\_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Tax ID# / SS#: \_\_\_\_\_

# of Spaces Required: \_\_\_\_\_  
(Each space approximately 10FT x 10FT)

Length of Lease: \_\_\_\_\_

Electricity Required:  Yes  No

Security Deposit / Deposit to Hold Space

\$ \_\_\_\_\_

(\$150.00 per space)

**Type of Merchandise to be displayed:**

***The Port Gibson Antiques Market will require Dealers to maintain certain standards of merchandise quality.***

Apply percentages to demonstrate the balance of merchandise to be displayed (example: Furniture – 50%; Accessories – 20%; Glass – 10%; Textiles – 10%; and Jewelry – 10%)

Antiques _____ Furniture _____ Other _____	Coins _____
Collectibles _____	Glassware _____
Fine Linens _____	Stained Glass _____
Art _____	Porcelain _____
Decorative Accessories _____	Pottery _____
Folk Art _____	Jewelry _____
Crafts _____	Specialty Foods _____
Gift Items _____	China _____
Clocks _____	Books _____
Rugs _____	Silver _____
	Other (Specify): _____ _____ _____

**Notice to Applicants:** While the staff of Port Gibson Antiques Market will exert every effort to protect dealer merchandise, we will not be responsible for any damage, theft, or loss of any merchandise. It is the dealer's responsibility to obtain insurance to cover his/her merchandise.

Please sign application and return with deposit. Make check payable to **Port Gibson Antiques Market.**

<b>Applicant's Signature</b> _____	<b>Date</b> _____
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\*\*\*\*\* **Office Use Only** \*\*\*\*\*

<b>Approved</b> _____	<b>Disapproved</b> _____
<b>Deposit received: YES</b> _____	<b>Amount \$</b> _____
<b>NO</b> _____	
<b>Assigned Dealer #:</b> _____	<b>Assigned Space #:</b> _____

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