



This application does not constitute a contract, lease or agreement for space.

Name _____

Address _____

City _____ State _____ Zip _____

County Summit Portage Medina Other (specify): _____

Phone _____ Email _____

Cell _____ Website _____

Type of Artist Painter Jewelry Sculptor Musician Photographic
 Other (specify) _____

Please check one or more that applies Professional/Full-Time Professional/Part-Time
 University Student Arts Organization/Business
 Other (specify): _____

Medium (if applicable) _____

Please provide 4-6 images of your recent work (e.g. jpg, pdf, mp3, video, etc.). File types provided _____

Relevant Art Education or Training _____

Briefly describe how you intend to use the space (see "tenant expectations" for reference)

Anticipated hours of operation or office hours 7 AM-12PM 12 PM-5 PM 5 PM-Midnight

How many people do you anticipate visiting your space on a regular basis? _____

One of the primary expectations of tenants is to be outward facing and contribute to the "community art center" concept, meaning that you will either be open to the public during at least some of Summit Artspace's "open" hours (Thu/Fri from 12-7 PM and Sat 12-5 PM), as well as Akron Artwalks and exhibition openings, AND/OR that you will offer art-related public workshops, lectures, demonstrations, classes or something related to what you do at Summit Artspace.

If you are selected for tenancy, what are you willing to do to be "outward facing"?

What studio/office space are you interested in?

Do you anticipate making any special studio/office renovations or improvements? Yes No

Space improvements are not the responsibility of Summit Artspace. They are the responsibility of tenants upon approval from Summit Artspace.

Do you currently rent studio/office space? Yes No

If yes, where? _____

Landlord reference _____ Phone _____

Are you a member of any area arts organizations? Yes No

If yes, please list _____

If you're a visual artist, do you intend to sell artwork out of your studio? Yes No

If you're a performance artist, do you intend to host performances at Summit Artspace? Yes No

Do you anticipate art sales or performance fees will cover your rent? Yes No

INCOME SOURCES

Source _____ Estimated Income _____

Source _____ Estimated Income _____

Source _____ Estimated Income _____

Bank Reference _____ Reference Phone _____

Bank Address _____ City _____ State _____

Type of accounts you hold _____

PROFESSIONAL REFERENCES

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Rent covers use of the space and associated amenities. Summit Artspace insurance covers damage to the building, but not personal property. Tenants are required to carry liability insurance and are advised to carry renter's insurance.

I agree to carry at least liability insurance and I understand that if I choose not to carry renter's insurance, any items lost or damaged are my responsibility, not the responsibility of Summit Artspace.

By signing, I confirm the information provided is correct to the best of my knowledge. I authorize the verification of all above information by Summit Artspace, and I authorize Summit Artspace to conduct a background check.

Applicant's Name (PRINT) _____

Applicant's Signature _____ Date _____

OneDrive/AkronAreaArtsAlliance/Forms/Tenant_Application_Sep14_2016.docx