

ROTATING ART PROGRAM APPLICATION

Green Bay Public Arts Commission
City of Green Bay
Dept. of Community and Economic Development
100 North Jefferson Street - Room 608
Green Bay, WI 54301-5026
Phone: (920).448.3142
Fax: (920).448.3426
<http://greenbaywi.gov/pac>



GREEN BAY
PUBLIC ARTS
COMMISSION

APPLICANT/ARTIST TEAM NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE (DAYS): _____

E-MAIL
ADDRESS: _____

PROJECT TITLE: _____

PROJECT DESCRIPTION: (What is the piece? What are the materials? How will you install the piece? etc.)

EXPERIENCE - WHAT IS YOUR EXPERIENCE WITH EXHIBITING PUBLIC ART?

WILL THIS PIECE BE FOR SALE? (Please circle one.) **YES** **NO**

DO YOU HAVE THE NECESSARY PERMITS FOR THIS PROJECT? (Please circle one.) **YES** **NO**

DO YOU HAVE THE NECESSARY INSURANCE? (Please circle one.) **YES** **NO**

REMINDER: PLEASE ATTACH THE FOLLOWING WITH THIS APPLICATION WHEN SUBMITTING

- **A.) 1 - 4 EXAMPLES OF PREVIOUS WORK** Please label files with Title and Number. Ex.) A1Title.jpeg , A2Title.jpeg

- **B.) PHOTOS/SKETCHES OF PROPOSED WORK** Please include frontal view, birds eye view, dimensions of piece, and any other information you feel is important pertaining to the piece. Label files with Proposed Project Title and Number. Ex.) B1ProposedProjectTitle.jpeg , B2ProposedProjectTitle.jpeg

WHEN YOU HAVE COMPLETED THIS FORM, EMAIL FORM AND ATTACHED PHOTOS TO LAURASC@GREENBAYWI.GOV

IF YOU HAVE ANY QUESTIONS, FEEL FREE TO CONTACT THE PUBLIC ARTS COORDINATOR AT: 920-448-3142