

ARTISAN INFORMATION SHEET

County _____
 Business Name _____
 Contact Name _____
 Address _____
 Phone _____ E-mail _____
 Business Website _____

Which of the Following Product Category(s) Best Describes Your Products?

Crafts, Fine Crafts, & Fine Arts Traditional Contemporary

<input type="checkbox"/> Baskets	<input type="checkbox"/> Candles	<input type="checkbox"/> Clay	<input type="checkbox"/> Dolls
<input type="checkbox"/> Fiber	<input type="checkbox"/> Floral/Natural	<input type="checkbox"/> Food/Beverage	<input type="checkbox"/> Furniture
<input type="checkbox"/> Glass	<input type="checkbox"/> Jewelry	<input type="checkbox"/> Leather	<input type="checkbox"/> Metal
<input type="checkbox"/> Mixed Media	<input type="checkbox"/> Musical Instruments	<input type="checkbox"/> Painting	<input type="checkbox"/> Paper
<input type="checkbox"/> Pencil/Ink	<input type="checkbox"/> Photography	<input type="checkbox"/> Sculpture	<input type="checkbox"/> Wearable
<input type="checkbox"/> Wood	<input type="checkbox"/> Other		

Agricultural

<input type="checkbox"/> Cheese	<input type="checkbox"/> Specialty Food	<input type="checkbox"/> Wine
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If further description is needed, please provide it here:

How long have you been in business?

<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6-10 years	<input type="checkbox"/> 11-15 years	<input type="checkbox"/> More than 15 years
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Do you operate a retail space adjacent to your studio/production area? Yes No

If so, what are your hours of operation? _____

If not, are you interested in developing a retail space? Yes No

Why or why not? _____

If you have a retail space, are you interested in participating in a driving trail featuring artisans in the region?

Yes No

Why or why not? _____

What would help your business experience success in such a program?

<input type="checkbox"/> Program Signage	<input type="checkbox"/> Access to Low-Interest Loans
<input type="checkbox"/> Marketing of Driving Trail	<input type="checkbox"/> Networking with Regional Artists
<input type="checkbox"/> Increased Tourism in the Region	<input type="checkbox"/> Co-operative Advertising Programs
<input type="checkbox"/> Hospitality Training	<input type="checkbox"/> Knowledge of Tourist Attractions along Trail
<input type="checkbox"/> Knowledge of Tourist Expectations and Needs	<input type="checkbox"/> Designing Store Displays to Appeal to Tourists
<input type="checkbox"/> Other:	

Is your business a full-time or part-time occupation? Full-time Part-time

How do you market your products? (Check all that apply)

<input type="checkbox"/> Retail Shows	<input type="checkbox"/> Wholesale Trade Shows
<input type="checkbox"/> Own Website	<input type="checkbox"/> Home Parties
<input type="checkbox"/> Sales Representative	<input type="checkbox"/> Farmers Markets
<input type="checkbox"/> Contacting Retailers Directly	<input type="checkbox"/> Advertising (Print, Radio, TV, Direct Mail)
<input type="checkbox"/> Fee-based Website Service (i.e. Wholesalecrafts.com)	
<input type="checkbox"/> Other:	

Are you interested in selling your products wholesale to retailers? Yes No

Do you have a wholesale price list and brochure? Yes No

Would you like to increase, maintain, or decrease your business?

<input type="checkbox"/> Increase/I would like to see my business grow	<input type="checkbox"/> Maintain/I am happy with the size of my business
<input type="checkbox"/> Decrease/I would like to do less business in general	

Would you be willing to demonstrate your craft at other sites, such as visitors' centers, galleries, or festivals?
 Yes No

Please list your membership in arts-related organizations: _____

What would help your business experience greater success?

<input type="checkbox"/> Business Financial Education	<input type="checkbox"/> Access to Low-Interest Loans
<input type="checkbox"/> Internet Marketing	<input type="checkbox"/> Networking with Other Artisans
<input type="checkbox"/> Increased Tourism in the Region	<input type="checkbox"/> Wholesale Sales Training
<input type="checkbox"/> Networking with Other Artists	<input type="checkbox"/> Marketing Education
<input type="checkbox"/> Product Development Assistance	<input type="checkbox"/> Easier Access to Retailers in the Region
<input type="checkbox"/> More Retail Show/Markets in the Region	
<input type="checkbox"/> Other:	

Please include a 100 word (maximum) description of your business/product. _____

Please feel free to e-mail a photo of yourself or your product.

What suggestions do you have for an artisan program in southern Indiana? _____

Mail to: JoAnn Prickel Director Franklin County Tourism P.O. Box 97 Brookville IN 47012 (765) 647-5622
E-mail to: info@franklincountyin.com