



Zootown Arts Community Center  
**STUDIO RENTAL APPLICATION**

Today's Date \_\_\_\_\_



**NICE TO MEET YOU!**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Website (if applicable)

**TELL US ABOUT YOURSELF**

**What art medium do you expect to use in your studio space?**

**What equipment will you be using in your studio space?**


**Will you be working with any hazardous/flammable materials or flame sources?**

 **Nope**       **Yes.**      **Please Detail:**

**Why are you interested in being a studio holder at the ZACC?**


**Are you interested in a...**  **6 month lease**       **12 month lease**


**How would you describe your working style? Check all that apply.**

 I prefer to work alone with my door closed

 I prefer to work collaboratively with other artists

 I require a quiet environment with few distractions

 I prefer to work early mornings or late nights (hours when the ZACC is not open to the public)

 I enjoy being in an environment where I can exchange ideas with other artists

 Other:



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**TELL US WHO LOVES YOU BESIDES YOUR MOM**

**Past studio Rental References. If you have not previously rented studio space, please supply professional references.**



**Name**

**Relation**

**Phone**



**Name**

**Relation**

**Phone**

As an applicant to rent a studio space from the Zootown Arts Community Center, I certify that I completed the application truthfully and to the best of my knowledge.

**Signature**

**Today's Date**