

APPLICATION FOR GALLERY SPACE AT WAUKESHA CITY HALL

Name of Group or Artist: Donna Lexa Art Centers Date: 9/24/25
Street Address: 247 Wisconsin Ave. Contact Person: Maggie Watson
City, State, Zip: Waukesha, WI 53186 Contact Phone #: 262-521-2292
Email: programmgr@donnalexa.org Alternate Phone #: _____
PROPOSED DATES: (Minimum reservation is one month.)
First Choice: January '26 to end of March '26 Second Choice: Any time frame after January for 2-3 months

APPLICATION DETAILS

Each application must include:

- Completed application form
- Summary of Artwork and/or Artist Bio
- Detailed listing of items to be displayed, including
 1. Total number of pieces
 2. Type of Media
 3. Name of Artist (if more than one artist represented.)
 4. Value of Work
- Digital file image samples of previous or current work.

Incomplete or inaccurately assembled applications may not be considered.



DEADLINES

Applications are reviewed on a regular basis. Please email your application to rgrams@waukesha-wi.gov at least 1 month in advance of proposed date(s).

APPLICATION EVALUATION

Applications are evaluated by a committee of artists, community members, and city staff. In some instances, artists are invited to participate without submitting an application. Applicants will be notified via email as soon as possible after the review on the status of their application.

- Note: Please do not include prices on the artwork. Artists can provide business cards for people to grab

☒ I have received and read the Waukesha City Hall Guidelines for Rotating Public Art Displays. I understand that, if accepted, I agree to have my/our group's artwork ready for display and will abide by all terms outlined in the agreement.

Applicant Signature: Maggie Watson Date: 9/24/25

OFFICE USE ONLY

Approval Signature: _____ Date of approval: _____

Set-up(date/time): _____ Remove(date/time): _____ Applicant notified(date): _____

Comments: _____