

JEFFERSON WINTER ART'Z AND CRAFT SHOW
SATURDAY, NOVEMBER 19, 2016 – 9 AM TO 4 PM
JEFFERSON COUNTY FAIR PARK ACTIVITY CENTER



Vendor Name: _____

Name of Business/ Organization _____

Mailing Address: _____ City _____ State _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Email : _____ (Information will be sent by email unless otherwise requested).

List items you will be selling (**Please include a photo of items sold**): _____

Vendor Alternate Representative (s): Must be family member or participant in production of products sold.

1. _____ 2. _____

Type of application: Vendor Fee: \$40.00/12 x 12' space) Applications must be received by October 31, 2016 in order to vend at the show. There is a limited amount of electrical. It is \$8 additional if you would like electricity. Set up time will be SATURDAY, NOVEMBER 19 FROM 6:00-8:00 A.M. Vendors are required to stay for the duration of the show. You must bring your own tables.

License and Permit Information: It is the vendor(s) responsibility to obtain and provide to the Market Manager copies of all licenses and permits required for the sale of vendors' products at the Jefferson Market Committee along with this application.

Liability Insurance- Vendors are responsible for their own personal and product liability insurance. Insurance is encouraged for all vendors, and those selling potentially hazardous foods.

Agreement: I have read the rules, regulations and policies as described for the Jefferson Market Committee and hereby to abide by them. Further, I agree to sell at the Winter Art'z and Craft Show the items I have listed above. I agree that the Jefferson Market Committee has the authority to immediately settle any disputes regarding product legitimacy, procedural and vendor conduct rule violations set forth in the market rules. Discrimination of any kind is not allowed at the market. I acknowledge I am responsible for the products I offer for sale, the employees, volunteers and others who assist me, planning material setup operation and tear down of my vendor stand and the product display. I agree to hold the City of Jefferson harmless from any claims, liabilities, costs and expenses incurred due to any personal injury or property damage resulting from or caused by my products, any components of my vendor stand, or the employees, volunteers and contractors who help me operate my stand and I agree to indemnify the Jefferson Market Committee Inc. and or the City of Jefferson for any claims, liabilities or costs including attorney fees and other legal costs, it incurs related to such personal injury or property damage.

Application does not guarantee acceptance into the market. Vendors accepted into the Market will receive confirmation via email, or by postal mail. I agree to the rules and regulations, and policies on this application.

Vendor Signature: _____ Date _____

Include Vendor fee with application and submit all County and State Licenses as required to:
Jefferson Farmers Market, 317 S. Main, Jefferson, WI 53549
jfmmanager2012@gmail.com Phone: 920-674-7720

Please fill out the reverse side for State of WI Temporary Event Operator and Seller Information

Wisconsin Temporary Event Operator and Seller Information

Information on this form is required under sec. 73.03(38), Wis. Stats.

Instructions on reverse side.

E V E N T O P E R A T O R	<p>PART A: Event Information: To be completed by the operator of the temporary event</p> <p>1. Name of Temporary Event _____</p> <p>2. Date(s) of Temporary Event _____</p> <p>3. Location of Temporary Event (e.g., Venue, City) _____</p> <p>PART B: Operator Information: To be completed by the operator of the temporary event</p> <p>1. Name and Address _____ _____</p> <p>2. Daytime Telephone Number () _____</p> <p>3. Email Address _____</p> <p>4. Wisconsin Tax Account Number _____ - _____ - _____</p> <p>If blank, check appropriate box:</p> <p><input type="checkbox"/> No Taxable Sales <input type="checkbox"/> Exempt under Occasional Sales Rule <input type="checkbox"/> Exempt Nonprofit Organization</p> <p><input type="checkbox"/> Other – Explain: _____</p>						
S E L L E R	<p>PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.</p> <div style="border: 1px solid black; padding: 2px; text-align: center; margin-bottom: 10px;"> THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT – SEE INSTRUCTIONS </div> <p>1. Legal Name _____</p> <p>2. Business Name _____</p> <p>3. Address (Street or Route) _____</p> <p>4. City, State and Zip Code _____</p> <p>5. Home Telephone Number () _____</p> <p style="padding-left: 20px;">Business Telephone Number () _____</p> <p>6. Wisconsin Tax Account Number _____ - _____ - _____</p> <p>7. Social Security Number X X X - X X - _____</p> <p>8. Federal Identification Number (FEIN) X X - X X X _____</p> <p>9. Check one box indicating the type of activity you intend to engage in at this event:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Selling Taxable Merchandise or Service</td> <td><input type="checkbox"/> Display Only</td> </tr> <tr> <td><input type="checkbox"/> Selling Exempt Merchandise or Service</td> <td><input type="checkbox"/> Exempt under Occasional Sales Rule</td> </tr> <tr> <td><input type="checkbox"/> Direct Sellers, Company Name _____</td> <td><input type="checkbox"/> Nonprofit Organization</td> </tr> </table>	<input type="checkbox"/> Selling Taxable Merchandise or Service	<input type="checkbox"/> Display Only	<input type="checkbox"/> Selling Exempt Merchandise or Service	<input type="checkbox"/> Exempt under Occasional Sales Rule	<input type="checkbox"/> Direct Sellers, Company Name _____	<input type="checkbox"/> Nonprofit Organization
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<input type="checkbox"/> Direct Sellers, Company Name _____	<input type="checkbox"/> Nonprofit Organization						

I declare that the information on this form is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.

Print Name: _____ Date: _____

Signature: _____

Information about temporary events, including forms, instructions and Common Questions can be found on the Department of Revenue's website at revenue.wi.gov/html/temevent.html. If you have additional questions, please contact the Department of Revenue by email at DORBBusinessTax@revenue.wi.gov or telephone at (608) 266-2776. See reverse side for submission instructions.

**** Do not email event reports to maintain confidentiality of seller information ****

