

# 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><b>PART A: Event Information: To be completed by the operator of the temporary event</b></p> <p>1. Name of Temporary Event <u>Fondue Fest</u></p> <p>2. Date(s) of Temporary Event <u>September 12, 2020</u></p> <p>3. Location of Temporary Event (e.g., Venue, City) <u>Main Street, Fond du Lac, WI 54935</u></p> <p><b>PART B: Operator Information: To be completed by the operator of the temporary event</b></p> <p>1. Name and Address <u>Downtown Fond du Lac Partnership</u> <u>131 S. Main St., Suite 101 Fond du Lac, WI 54935</u></p> <p>2. Daytime Telephone Number ( <u>920</u> ) <u>322-2006</u></p> <p>3. Email Address <u>info@downtownfdl.com</u></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 checked="" type="checkbox"/> Exempt Nonprofit Organization</p> <p><input type="checkbox"/> Other – Explain: _____</p>
S E L L E R	<p><b>PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.</b></p> <div style="border: 1px solid black; padding: 2px; text-align: center; margin: 5px 0;"> <b>THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT – SEE INSTRUCTIONS</b> </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>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> <p><input type="checkbox"/> Selling Taxable Merchandise or Service      <input type="checkbox"/> Display Only</p> <p><input type="checkbox"/> Selling Exempt Merchandise or Service      <input type="checkbox"/> Exempt under Occasional Sales Rule</p> <p><input type="checkbox"/> Direct Sellers, Company Name _____      <input type="checkbox"/> Nonprofit Organization</p>

*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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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](http://revenue.wi.gov/html/temevent.html). If you have additional questions, please contact the Department of Revenue by email at [DORBusinessTax@revenue.wi.gov](mailto:DORBusinessTax@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 \*\***