

Thursdays 5-8 p.m.
 June 30
 July 14, 28
 August 11, 25



Downtown Fond du Lac Night Market 2022 Application

<input type="checkbox"/> Live Artist	<input type="checkbox"/> Fresh Produce
<input type="checkbox"/> Maker Made Art/Craft	<input type="checkbox"/> Prepared Food

Name: _____ E-mail(s): _____

Business Name: _____

Mailing Address: _____

Phone (indicate home or cell, etc.): _____

Website (for marketing purposes): _____

Emergency Contact Name: _____ Phone Number: _____

Costs reflected on this application are based on attending all 5 Night Market events.
 Please contact staff if you are unable to attend. 10 linear feet totals one space.

Live Artist Vendor - Cost \$50 per 10 linear feet
 Number of spaces requested : _____ @ \$50 per space.....\$ _____

Fresh Produce Vendor - Cost \$50 per 10 linear feet
 Number of spaces requested : _____ @ \$50 per space.....\$ _____

Maker Made Art/Craft Vendor - Cost \$50 per 10 linear feet
 Number of spaces requested : _____ @ \$50 per space.....\$ _____

Prepared food Vendor - Cost \$100 per 10 linear feet
Must submit copies of all current licenses to vend.
 Number of spaces requested : _____ @ \$100 per space.....\$ _____

Electricity Access - Cost \$25 per 10 outlet (15-amp)
 Number of outlets requested: _____ @ \$25 per outlet.....\$ _____

Outlet requests totaling more than one are not guaranteed.

TOTAL DUE:\$ _____

Please list any location requests. Spaces are not guaranteed: _____

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>
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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: 5px 0;"> 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> 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>
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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. If you have additional questions, please contact the Department of Revenue by email at 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 ****

Downtown Fond du Lac Night Market 2022 Application

Please provide a short description of art/crafts/food: _____

If you would like to be included in our "Vendor Spotlight" promotions on Facebook, please answer any of the following questions:

1. How long have you been farming/crafting/cooking/baking? _____
2. What inspired you to begin? _____

3. How long have you participated in the market? _____
4. What is your favorite thing about the market? _____

5. What would people be surprised to learn about you? _____

A Note on Vendor Insurance: While vendor insurance is not required, it is strongly encouraged

Signature

Vendor agrees to indemnify & hold harmless the Downtown Fond du Lac Partnership, its employees, volunteers & sponsors, from any and all causes of action which may arise from the operation of this Farmers Market, not caused by negligence of the Downtown Fond du Lac Partnership, its employees, volunteers and sponsors. I grant permission for the Downtown Fond du Lac Partnership to use any photos, videotape, etc. taken of my products or me in any and all publicity and advertising promoting the Market. By submitting this application, I acknowledge that the Rules & Regulations have been read and understood, and I will abide by the terms as presented.

Signed: _____ Date: _____

Print Name: _____

Send to:

Downtown Fond du Lac Partnership
131 S. Main Street, Suite 101
Fond du Lac, WI 54935

Please call with further questions:
(920) 322-2006
amber@downtownfdl.com

Deadline for inclusion in first wave of map placement is June 24, 2022. Applications continue to be accepted all season. Map placement/Vendor spot not placed until payment has been made in FULL and ALL required paperwork in completed!! Weekly maps are sent electronically the Monday prior to market.

Application Checklist:

(Your application is not complete until all items are on file with the Downtown Fond du Lac Partnership.)

- This application Pages 1-3(S-240 Seller Information must be filled out)
- Copies of relevant licenses, permits, or certificates
- Payment