

# Fond du Lac Fondue Fest VENDOR PERMIT APPLICATION

Saturday, September 9, 2023, 9 a.m. to 5 p.m.

Submission deadline: August 4, 2023



peace



love



fondue

<input type="checkbox"/> Returning Vendor	<input type="checkbox"/> New Vendor
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Name: \_\_\_\_\_ E-mail(s): \_\_\_\_\_

Farm/Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Space Requests- 10 Linear feet totals one space.

☐ **Downtown Businesses and Event Sponsors – 2 Free Spaces Maximum\***

Number of spaces requested \_\_\_\_\_ spaces @ \$\_\_\_\_/space ..... \$ \_\_\_\_\_

☐ **Full Season Farmers Market Vendors – Cost \$25 per 10 linear feet**

Number of spaces requested: \_\_\_\_\_ spaces @ \$25/space ..... \$ \_\_\_\_\_

☐ **Food & Beverage Vendors – Cost \$50 per 10 linear feet**

Number of spaces requested: \_\_\_\_\_ spaces @ \$50/space ..... \$ \_\_\_\_\_

☐ **Other Vendors (Non-Profits/Direct Sales/Art/Merchandise) – Cost \$25 per 10 linear feet**

Number of spaces requested: \_\_\_\_\_ spaces @ \$25/space ..... \$ \_\_\_\_\_

☐ **Electricity access – Cost \$25 per outlet (15 amp)**

Number of outlets requested: \_\_\_\_\_ outlets \$25/outlet ..... \$ \_\_\_\_\_

☐ **Kids Zone - \$25 – must be a family/child activity\*\***

Number of spaces requested: \_\_\_\_\_ @ \$25/space ..... \$ \_\_\_\_\_

**TOTAL DUE (\$25 late fee after August 14 deadline)**..... \$

☐ Returning vendors: check here if you would prefer the same space as last year. Space # (if known): \_\_\_\_\_  
*Space assignments are not guaranteed.*

\*Regular rates apply for additional spaces. Rates based on categories as listed above.

\*\*Kids Zone is open from 9-2 p.m. and is designed for vendors who are interested in providing activities specifically geared toward children and is held in the US Bank parking lot on the corner of Sheboygan and Portland Streets. Vendors in this area will tear down at 2 p.m.

### **Space Requests**

Please list any special needs (i.e. away from smoke) for your space and the reason. If you have a number or spot request, please list it. Spaces will not be guaranteed. After that date, vendor requests are considered in the order in which their vendor application is received.

Requests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Product Type(s)**

List and describe the items you intend to sell and include price list (or attach). Be specific, the number of duplicate vendors will be limited. If you plan a display/information booth, describe the nature of the display and information, in detail. New art and craft vendor applicants are required to submit up to two photographs that represent wares in quality and variety. These may be submitted electronically to [amber@downtownfdl.com](mailto:amber@downtownfdl.com). Applications without photos will be disregarded.

Products: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Ready-to-eat Food & Beverage Vendors:**

Check any certifications, licenses or permits that your business presently holds and **submit copies with your application.**

<input type="checkbox"/> <i>Certified Organic</i>	<input type="checkbox"/> <i>Food Alliance Certified</i>	<input type="checkbox"/> <i>Certified Naturally Grown</i>
<input type="checkbox"/> <i>Certified Biodynamic Establishment License</i>	<input type="checkbox"/> <i>Temporary Food Stand License</i>	<input type="checkbox"/> <i>Mobile Retail Food</i>
<input type="checkbox"/> <i>Meat Plant License</i>	<input type="checkbox"/> <i>Food Processing Plant License</i>	<input type="checkbox"/> <i>Commercial Feed License</i>
<input type="checkbox"/> <i>Wisconsin Sellers Permit</i>		<input type="checkbox"/> <i>Other: _____</i>

### **Identify the types of products that you will sell. Check all that apply:**

<input type="checkbox"/> Fruits & Vegetables	<input type="checkbox"/> Dairy	<input type="checkbox"/> Arts/Crafts/Services
<input type="checkbox"/> Meat & Seafood	<input type="checkbox"/> Eggs	<input type="checkbox"/> Value Added*
<input type="checkbox"/> Nuts & Legumes	<input type="checkbox"/> Plants & Food	<input type="checkbox"/> Prepared Food**

\*Value-added refers to products with two characteristics: The farmers make the foods from raw ingredients and primarily from ingredients that they plant, grow or care for, and harvest. They process the foods through baking, cooking, canning, drying, fermenting, preserving or spinning techniques (honey, maple syrup, baked goods, jams, dried fruit, viticulture, pickles, wool yard, etc.)

\*\* Prepared food refers to products that agriculture or non-agriculture businesses make from ingredients that they primarily purchase. They made the food at the market for immediate consumption (sandwiches, brewed coffee, etc.).

Non-profits may offer food/beverage sales up to three times per year without a license. Your signature on this application indicates that you understand you are responsible for following the requirements and/or recommendations from the FDL County Health Department regarding temporary food service and understand that spot inspections may take place at the event.

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The vendor agrees to fully indemnify and hold harmless the sponsors and all associates, agents and employees from all actions, claims, costs, damages, liabilities, and expenses, including without limitations of the foregoing, all automobile or other vehicular accidents or occurrences, or arising out of or involving Workmen's Compensation or death claims. Event sponsors are not responsible for any claims of loss, damage or injury to vendor/exhibitor, displays, merchandise, agents or employees. Exhibitor further agrees to abide by the Downtown Fond du Lac Partnerships Policies, Rules & Regulations for the Farmers Market (available on our website) and any other rules that are deemed necessary conduct of the above event. Any other matters not expressly provided herein shall come under the jurisdiction of the DFP, City and County of Fond du Lac, WI. 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 Fondue Fest.

**Application Checklist:**

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

- ☐ This application, all pages with signature
- ☐ Copies of relevant licenses, permits, or certificates as indicated on page 2
- ☐ Payment

By signing this application, I certify that I have read the Policies, Rules & Regulations and will abide by the terms they present. Policies, Rules & Regulations can be found at [downtownfdl.com](http://downtownfdl.com).

Print Name: \_\_\_\_\_

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

Early registration is encouraged. Deadline is August 4, 2023.

Payments must be received by August 4 to avoid a \$25 late fee & ensure a space is reserved for you. In the unlikely event that your application is not accepted, your payment will be refunded.

August 4, 2023: Application deadline. Payment must be received by this date to avoid \$25 late fee and ensure a space assignment.

August 21, 2023: Vendor space assignments distributed by mail.

August 28, 2023: Vendor space assignments distributed by email.

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](mailto:amber@downtownfdl.com)

# Wisconsin Temporary Event Operator and Seller Information

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

Instructions on reverse side.

<b>E V E N T  O P E R A T O R</b>	<b>PART A: Event Information: To be completed by the operator of the temporary event</b>  1. Name of Temporary Event _____  2. Date(s) of Temporary Event _____  3. Location of Temporary Event (e.g., Venue, City) _____  <b>PART B: Operator Information: To be completed by the operator of the temporary event</b>  1. Name and Address _____ _____  2. Daytime Telephone Number (      ) _____  3. Email Address _____  4. Wisconsin Tax Account Number _____ - _____ - _____ If blank, check appropriate box: <input type="checkbox"/> No Taxable Sales <input type="checkbox"/> Exempt under Occasional Sales Rule <input type="checkbox"/> Exempt Nonprofit Organization <input type="checkbox"/> Other – Explain: _____					
	<b>PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.</b> <div style="border: 1px solid black; padding: 5px; text-align: center;"><b>THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT – SEE INSTRUCTIONS</b></div> 1. Legal Name _____ 2. Business Name _____ 3. Address (Street or Route) _____ 4. City, State and Zip Code _____ 5. Home Telephone Number (      ) _____ Business Telephone Number (      ) _____ 6. Wisconsin Tax Account Number _____ - _____ - _____ 7. Social Security Number X X X - X X - _____ 8. Federal Identification Number (FEIN) X X - X X X _____ 9. Check one box indicating the type of activity you intend to engage in at this event: <table border="0"><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"/> 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					

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 \*\***