## **For Flea Market Sellers**

Sponsored by the Greater Princeton Area Chamber of Commerce
Princeton Flea Market

2023 Full/Half Season Space Reservation

Name Address			
			City/State/
Phone	State Sellers Permit #		
Signature	(required)		
modities prohiticommerce har booth area. Se to F	his application, I do hereby state that I will not sell firearms or ammunition, ANY fireworks that require ignition, or ANY OTHER combited by law, including any merchandise that violates trademark, tradename or copyright laws. I also hold the Princeton Chamber of miless from any liability due to theft, damage or injury occurring in my booth area, and certify that I have liability insurance to cover my liting of any food must follow ALL Wisconsin State food safety laws. Not responsible for any food sickness as a result of not following these laws. NO "political" booths are allowed that "campaign" for a political party or candidate for elected public office.  Full Season Pass (26 dates: April 22—October 14) \$500.  First Half Season Pass (April 22—July 15) \$275.  Second Half Season Pass (July 22—October 14) \$275.		
Jı	held a reserved space last year. Save the same space for me this year.		
□ I (Indi	held a reserved space last year, but would like a DIFFERENT∗space this year. icate which space or area you are interested in, and we'll do our best.)		
	'm a NEW APPLICANT for a reserved space. PLEASE INDICATE the type of chandise you plan to bring for sale:		
	Daily vendor spots are \$35 and are assigned on a first-come, first-served basis. tober 15th is our "free" day; vendors pay no fee for setting up on this date.		

Notes, comments, chit-chat

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## Wisconsin Temporary Event Operator and Seller Information

Information on this form is required under sec, 73,03(38), Wis. Stats.

Instructions on reverse side.

EVENT OPERATOR	PART A: Event Information: To be completed by the operator of the temporary event
	Name of Temporary Event
	2. Dale(s) of Temporary Event
	Location of Temporary Event (e.g., Venue, City)
	PART B: Operator Information: To be completed by the operator of the temporary event
	1. Name and Address
	Daytime Telephone Number ( )
	3. Email Address
	4. Wisconsin Tax Account Number  ———————————————————————————————————
	No Taxable Sales Exempt under Occasional Sales Rule Exempt Nonprofit Organization  Other – Explain:
SELLER	THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT – SEE INSTRUCTIONS  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 — — — — — — — — — — — — — — — — — — —
l declar this for	re 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 m.
Print Na	THE:
Signatur	e: Date:

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

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