



*St. Germain Firefighters Association, Inc.*

PO Box 216 St. Germain, WI 54558 (715) 891-7333

Website: www.stgermainfire.com Email: fleamarket@stgermainfire.com

Please Print Name

\_\_\_\_\_ is entering into this contract with the St. Germain Firefighters Association, Inc. for space rental at the St. Germain Flea Market & Craft Show. The undersigned hereby agrees to be in their space by 7:00 am on Mondays (Memorial Day thru Labor Day). Prior notification of changes must be 24 hours in advance to the flea market staff at (715) 891-7333. If unable to attend, their space will be rented out to someone else for the day. The undersigned also agrees that if they miss 2 weeks in a row without prior notification at least 24 hours in advance, to the flea market staff, the undersigned will lose their preferred space for the season without refund, but may be assigned a new space by the flea market staff. *(Special circumstances will be reviewed by the flea market staff for possible refund)*. These spaces may not be sublet by anyone other than the flea market staff and are non-transferable. It is also hereby agreed by the vendor renting this space that they will **not start packing up before 3:00 pm** without prior permission by the flea market staff or they will be subjected to possible eviction. The undersigned has received a copy of the flea market rules and agrees to abide by these rules. I understand that any infraction of these rules will be grounds for immediate eviction with no refund of any kind.

Please make checks payable to:

**St. Germain Firefighters Association, Inc.**

PLEASE PRINT LEGIBLY

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Sellers Permit Number: \_\_\_\_\_

Social Security Number *(Only required if you do not have a sellers permit number):* \_\_\_\_\_

Type of merchandise sold: \_\_\_\_\_

Email address: \_\_\_\_\_

Vendor Signature \_\_\_\_\_ Date \_\_\_\_\_

*Information about temporary events, including forms, instructions, and FAQ's, can be found on the Department of Revenue's website at [www.dor.state.wi.us/html/temevent.html](http://www.dor.state.wi.us/html/temevent.html). If you have additional questions, please contact the Department of Revenue by e-mail at [temeptprg@dor.state.wi.us](mailto:temeptprg@dor.state.wi.us), telephone at (608) 266-7183, or FAX at (608) 261-6226.*

**OFFICE USE ONLY**

Coordinator Signature \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Space Number(s) \_\_\_\_\_ Electric \_\_\_\_\_

Amount Received \$ \_\_\_\_\_ Cash/Money Order/Check # \_\_\_\_\_ ID: \_\_\_\_\_