



*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 WI Firefighters Association, Inc. for space rental at the St. Germain Flea Market & Craft Show. I agree to be in my 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, my space will be rented out to someone else for the day. I also agree that if I miss 2 weeks in a row without prior notification at least 24 hours in advance, to the flea market staff, I will lose my 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 that **I will not start packing up before 3:00 pm** without prior permission by the flea market staff or I will be subjected to possible eviction. I have received a copy of the flea market rules and agree 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 WI Firefighters Association, Inc.**

**PLEASE PRINT LEGIBLY**

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

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

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

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

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

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

**Seller's Permit Number:** \_\_\_\_\_

**Social Security Number** (Only required if you do not have a seller's 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 Wisconsin Department of Revenue's website at <https://www.revenue.wi.gov/Pages/HTML/temevent.aspx>. If you have additional questions, please contact the Wisconsin Department of Revenue, Customer Service Bureau, PO Box 8949, Madison, WI 53708-8949 or by e-mail at [https://www.revenue.wi.gov/Pages/ContactUs/dorhelp.aspx?subject=dorbusinesstax](mailto:DORBusinessTax@wisconsin.gov) [DORBusinessTax@wisconsin.gov](mailto:DORBusinessTax@wisconsin.gov), telephone at (608) 266-2776, or FAX at (608) 267-1030.

**OFFICE USE ONLY**

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

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

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