



St. Germain WI Firefighters Association, Inc.

PO Box 216 St. Germain, WI 54558 **Call/Text:** (715) 891-7333

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

I understand that by signing this application it becomes a contract when accepted by the St. Germain WI Firefighters Association, Inc. I agree to abide by all the rules set forth for the event. I further understand that by signing this application I assume all responsibility for my own space and will not hold the St. Germain WI Firefighters Association, Inc., the St. Germain Fire & Rescue Department, the Town of St. Germain, or its representatives responsible for theft, damage, or personal injury. I understand that my space fee is non-transferable and non-refundable. I have read and agree to abide by the vendor rules and any infraction of these rules will be grounds for immediate eviction with no refund of any kind.

If the vendor does not have a Wisconsin seller permit number and claims their sales are tax exempt, enter the exemption code number provided by the vendor. Please circle which applies to you.

- 1 - Exempt sales only or display only
- 2 - Multi-level marketing company pays sales tax
- 3 - Nonprofit occasional sales exemption
- 4 - Exempt occasional sales

Please make checks payable to: St. Germain WI Firefighters Association, Inc.

PLEASE PRINT LEGIBLY

Wisconsin Seller's Permit Number: 456-_____ --- _____

SSN (Only required if you do not have a seller's permit number & last 4 digits): X-_____ **FEIN** (last 4 digits) _____

Legal Business Name: _____

Doing Business As (DBA) Name (if applicable): _____

Vendor Last Name: _____

Vendor First Name: _____

Phone Number: _____

Mailing Address: _____

Email Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Type of merchandise sold: _____

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>. If you have additional questions, please contact the Wisconsin Department of Revenue, PO Box 8949, Madison, WI 53708-8949 or by e-mail at DORBSalesandUse@wisconsin.gov, telephone at (608) 266-2776.

OFFICE USE ONLY

Coordinator Signature _____	Date Received ____/____/____
Space Number(s) _____	Electric _____
Amount Received \$ _____	Cash/Money Order/Check # _____