

Wisconsin Temporary Event Operator and Seller Information

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

Instructions on reverse side.

E V E N T O P E R A T O R	PART A: Event Information: To be completed by the operator of the temporary event
	1. Name of Temporary Event <u>Poor Man's Pennsic</u>
	2. Date(s) of Temporary Event <u>August 12th, 13th, and 14th</u>
	3. Location of Temporary Event (e.g., Venue, City) <u>Lion's Club Park, Wisconsin Rapids</u>
	PART B: Operator Information: To be completed by the operator of the temporary event
	1. Name and Address <u>SCA WI - Shire of Falcon's Keep, Jennifer Beebe</u> <u>508 E 6th St, Marshfield, WI 54449</u>
	2. Daytime Telephone Number (<u>715</u>) <u>207-9460</u>
	3. E-mail Address <u>beebejennifer@hotmail.com</u>
	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 checked="" type="checkbox"/> Exempt Nonprofit Organization <input type="checkbox"/> Other – Explain: _____
	PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.
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 _____ - _____ - _____	
7. Social Security Number _____ - _____ - _____	
8. Federal Identification Number (FEIN) _____ - _____ - _____	
9. Check one box indicating the type of activity you intend to engage in at this event: <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 FAQ's can be found on the Department of Revenue's website at www.revenue.wi.gov/html/temevent.html. If you have additional questions, please contact the Department of Revenue by e-mail at tempevtprg@dor.state.wi.us or telephone at (920) 832-2910. See reverse side for submission instructions.