

Wisconsin Temporary Event Operator and Seller Information

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

Instructions on reverse side.

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PART A: Event Information: To be completed by the operator of the temporary event

1. Name of Temporary Event _____
2. Date(s) of Temporary Event _____
3. 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 _____

2. Daytime Telephone Number () _____
3. E-mail Address _____
4. Wisconsin Tax Account Number 004- _____ -01

If blank, check appropriate box:

- No Taxable Sales Exempt under Occasional Sales Rule Exempt Nonprofit Organization
 Other – Explain: _____

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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 004- _____ -01
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:
 Selling Taxable Merchandise or Service Display Only
 Selling Exempt Merchandise or Service Exempt under Occasional Sales Rule
 Direct Sellers, Company Name _____ 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.

Instructions for Completing Operator and Seller Information

EVENT OPERATOR:

An "operator" is defined as a person or entity (such as an individual, association, partnership, corporation, or nonprofit organization) that arranges, organizes, promotes, or sponsors an event. An operator may also be referred to as an organizer, exhibitor, or decorator. An operator may or may not be the owner of the property or premises where the event takes place. An operator may also be a seller at the event.

Note: A Wisconsin tax account number (formerly seller's permit) is required if selling taxable merchandise or services. Admission fees are subject to sales tax in Wisconsin.

Step 1: Complete Parts A and B.

Step 2: Provide a copy of *Wisconsin Temporary Event Operator and Seller Information* (Form S-240) with Parts A and B completed to each seller participating in your event.

To obtain additional copies of Form S-240 go to the Department of Revenue's web site at www.revenue.wi.gov/forms/sales/index.html. If you prefer, you may use the fill-in form available from the same web site.

Step 3: Submission – Event Operator.

Submit compiled vendor information to the department as soon as possible but no later than 10 days from event closing using one of the following methods:

- **Electronic Reporting:** If you have all the required sellers' information, use the Excel spreadsheet, provided at www.revenue.wi.gov/html/temevent.html. (Excel viewer is available.) Fill in the information for all sellers participating at the event and e-mail the spreadsheet to tempevtprg@dor.state.wi.us.
- **Paper Reporting:** Mail completed Forms S-240 or a printed version of spreadsheet to:

Temporary Events Program
Wisconsin Department of Revenue
265 W Northland Ave
Appleton WI 54911

Revenue Field Agents attend temporary events to verify registration of sellers. Sellers must have evidence of their Wisconsin tax account number at the event.

SELLER:

A "seller" is defined as a person or entity involved with selling merchandise or providing taxable services at a temporary event. A seller may also be referred to as a vendor, exhibitor, or booth owner.

Important: This form is not an application for a Wisconsin Tax Account Number. If you do not already have a tax account number but are required to, you will need to apply for one directly with the Department of Revenue prior to the event. You can apply online or download an application, *Application for Business Tax Registration* (Form BTR-101) on the department's web site, www.revenue.wi.gov/forms/sales/index.html. Not all sellers are required to obtain a Wisconsin tax account number. Some of the reasons a seller may not need a tax account number are:

- The seller only sells tax-exempt items, such as vegetables for home consumption.
- The seller is only displaying at the event, no onsite orders are being taken, and taxable merchandise is not later shipped into Wisconsin.
- The seller qualifies for the occasional sale exemption. (See Publication 228, *Temporary Events*.)

If you have questions regarding applying for a Wisconsin tax account number, contact any Department of Revenue office, visit our web site, or call (608) 266-2776.

Step 1: Complete Part C (event operator should complete Parts A and B).

Line 1: Enter your individual, partnership, association, or corporate name.

Line 2: Enter your business name, if different.

Line 3: Enter the address of the physical location of your business. If different, also provide your mailing address.

Line 6: Enter your 15-digit Wisconsin tax account number. You can find this number on your Form ST-12.

This number is **not** your 6-digit seller's permit number issued to you prior to December 31, 2002.

Lines 7 & 8: Enter your social security number and/or federal employer identification number. This is required under sec. 73.03(38), Wis. Stats., if you do not provide a tax account number.

Step 2: Submit completed form to event operator on or before the first day of the event.

*Victorian Holiday
Arts and Crafts Fair Application 2009*

NAME _____

ADDRESS _____

CITY STATE ZIP _____

PHONE _____ EMAIL _____

DESCRIPTION OF CRAFT _____

NUMBER OF BOOTHS REQUESTED _____

OTHER COMMENTS OR REQUEST _____

ELECTRICAL NEEDED? _____

MAKE CHECKS PAYABLE TO : STOUGHTON CHAMBER
OF COMMERCE

CREDIT CARD : VISA OR MASTERCARD

NUMBER _____

EXP. DATE _____ CODE ON BACK _____

WE WILL BE DOING A RAFFLE WITH DONATED ITEMS

COMMITTEE USE

DATE RECEIVED _____

AMOUNT PAID _____

BOOTH GIVEN _____

RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

* The undersigned vender, in consideration of the school district of Stoughton Wi extending permission to vender to use part of the school district of Stoughton premises, 235 N. Forrest St , Stoughton Wi , hereinafter the site on December 5th and 6th , for the purpose of displaying and selling arts and crafts in the course of the Victorian Holiday Weekend, agrees to the following terms and conditions:

* Vender is informed and acknowledges that the School district of Stoughton have and assumes no responsibility for the supervision of persons present upon the site in the course of setting up, removing and participation in the Victorian Holiday Weekend, to include conduct on the part of such persons, which may result in damage, destruction or theft of the vendors goods.

* Vender , on its behalf and on behalf of its agents, employees, and any and all persons participating in the display and sale of vendors goods in any manner, releases , forever, discharges and agrees to indemnify and hold harmless the school district of Stoughton and the Stoughton Chamber of Commerce , their officials, agents and employees, and their successors, individually and in their official capacity , from all claims, rights , damages and demands whatsoever, including, but not limited to all liability and judgements for personnel injuries, known and unknown , property damage , costs , loss of service or expenses of any type , including attorney fees, which any person may have against all and each of the forgoing school district entities and affiliated persons , arising out of , relating to, concerning or in any way connected with the use of the site for the use of displaying or selling vendors goods , during the Victorian Holiday Weekend, Arts and Crafts Fair on December 5th and 6th .

Date _____

Vendor Name _____

Victorian Holiday Weekend

Saturday December 5th 9-4

Sunday December 6th 9-2

River Bluff Middle School , Stoughton WI 53589

235 N. Forrest St 2 blocks north of main st.

The Victorian Holiday Weekend is always a successful event, with plenty of family and holiday activities, including concerts, visits with santa, bed races, carriage rides and more. A great kick off to the holiday shopping season..

GUIDELINES

- * All arts and crafts must be homemade
- * All exhibitors are expected to keep their area clean
- * Spaces will be assigned as registrations are received
- * Electricity is available in a limited number of booths and must be requested
- * Registration is not transferable nor refundable
- * Food concessions available
- * One day choice has to be Saturday
- * \$70.00 for both days / \$50.00 for Saturday only
- * Application deadline is October 1st 2009
- * Booths size in gym are 10X10 in lunch room 8 X11
- * To apply , please submit :
 - Completed application form
 - Check or money order or credit card information
 - Stamped , self addressed envelope
 - Tax information form
 - Photos required , will be returned
- * Mail to:
 - Arts and Crafts-Victorian Holiday
 - 1812 Norse Pkwy Stoughton WI 53589
- * Confirmations will be mailed as applications come in, questions please contact: Brenda Moen 608-873-1634
 - Email is dbjkm@tds.net
 - Arts and Crafts Chairperson