

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	<p>PART A: Event Information: To be completed by the operator of the temporary event</p> <p>1. Name of Temporary Event <u>Frederic Family Days</u></p> <p>2. Date(s) of Temporary Event <u>06/12/2021</u></p> <p>3. Location of Temporary Event (e.g., Venue, City) <u>Village of Frederic, Frederic</u></p> <p>PART B: Operator Information: To be completed by the operator of the temporary event</p> <p>1. Name and Address <u>Frederic Chamber of Commerce, PO BOX 567, Frederic, WI 54837</u></p> <p>2. Daytime Telephone Number (<u>715</u>) <u>327-4294</u></p> <p>3. Email Address <u>info@discoverfrederic.com</u></p> <p>4. Wisconsin Tax Account Number <u> - - - - - - - - -</u> If blank, check appropriate box: <input checked="" type="checkbox"/> No Taxable Sales <input type="checkbox"/> Exempt under Occasional Sales Rule <input type="checkbox"/> Exempt Nonprofit Organization <input type="checkbox"/> Other – Explain: _____</p>						
S E L L E R	<p>PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.</p> <div style="border: 1px solid black; padding: 2px; text-align: center; margin-bottom: 10px;"> THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT – SEE INSTRUCTIONS </div> <p>1. Legal Name _____</p> <p>2. Business Name _____</p> <p>3. Address (Street or Route) _____</p> <p>4. City, State and Zip Code _____</p> <p>5. Home Telephone Number () _____ Business Telephone Number () _____</p> <p>6. Wisconsin Tax Account Number <u> - - - - - - - -</u></p> <p>7. Social Security Number <u>X X X - X X -</u> _____</p> <p>8. Federal Identification Number (FEIN) <u>X X - X X X</u> _____</p> <p>9. Check one box indicating the type of activity you intend to engage in at this event:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Selling Taxable Merchandise or Service</td> <td><input type="checkbox"/> Display Only</td> </tr> <tr> <td><input type="checkbox"/> Selling Exempt Merchandise or Service</td> <td><input type="checkbox"/> Exempt under Occasional Sales Rule</td> </tr> <tr> <td><input type="checkbox"/> Direct Sellers, Company Name _____</td> <td><input type="checkbox"/> Nonprofit Organization</td> </tr> </table>	<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
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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 Common Questions can be found on the Department of Revenue's website at revenue.wi.gov/html/temevent.html. If you have additional questions, please contact the Department of Revenue by email at DORBusinessTax@revenue.wi.gov or telephone at (608) 266-2776. See reverse side for submission instructions.

**** Do not email event reports to maintain confidentiality of seller information ****