

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	<p>PART A: Event Information: To be completed by the operator of the temporary event</p> <p>1. Name of Temporary Event <u>Art World</u></p> <p>2. Date(s) of Temporary Event <u>September 12 & 13, 2020</u></p> <p>3. Location of Temporary Event (e.g., Venue, City) <u>Marathon Park - Wausau</u></p>
O P E R A T O R	<p>PART B: Operator Information: To be completed by the operator of the temporary event</p> <p>1. Name and Address <u>Almond Tree Events, LLC</u> <u>1983 Plantation Lane, Kronenewetter, WI 54455</u></p> <p>2. Daytime Telephone Number <u>(715) 581-7375</u></p> <p>3. Email Address <u>info@AlmondTreeEvents.com</u></p> <p>4. Wisconsin Tax Account Number <u>-</u></p> <p>If blank, check appropriate box:</p> <p><input type="checkbox"/> No Taxable Sales <input type="checkbox"/> Exempt under Occasional Sales Rule <input type="checkbox"/> Exempt Nonprofit Organization</p> <p><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 () _____</p> <p> 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> <p><input type="checkbox"/> Selling Taxable Merchandise or Service <input type="checkbox"/> Display Only</p> <p><input type="checkbox"/> Selling Exempt Merchandise or Service <input type="checkbox"/> Exempt under Occasional Sales Rule</p> <p><input type="checkbox"/> Direct Sellers, Company Name _____ <input type="checkbox"/> Nonprofit Organization</p>

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 ****