

# Saturday, September 7, 2024 NOON – 9:00 PM

# NON-FOOD/BEVERAGE VENDOR APPLICATION Application Deadline: August 16, 2024

# **VENDOR INFORMATION**

Name of Vendor/Business:

Name of Contact Person:	Phone # of Contact Person:
Address:	City/State/Zip:
(Required)	

E-Mail:

(Required)	(Required)
Name of Emergency Contact Person:	Phone # Emergency Contact Person:
Name of Emergency Contact Person:	Phone # Emergency Contact Person:

# **VENDOR SPACE FEE AND SPACE REQUIREMENT** ( $\sqrt{appropriate space size}$ )

Space Size	Before June 28	Check Appropriate Box (√)	After June 28	Check Appropriate Box (√)
10 x 10	\$125		\$175	
10 x 20	\$200		\$250	
Total Due	\$		Total Due	\$

The vendor space fee is non-refundable. Please make check payable to: City of Mequon

All vendors must be setup by 11:30 AM.

## LIST ITEMS YOU WILL BE SELLING OR ACTIVITY YOU WILL HAVE

**PLEASE NOTE MEQUON FESTIVALS BUSINESS POLICY:** Businesses/nonprofit organizations that do not sell, provide festival-related goods/services, or an approved children's activity are required to pay \$200 toward the Committee's cost of a children's entertainer. Said entertainer shall share your tent, with the express purposes of promoting your business/organization and providing interactive entertainment for the festival.

**ELECTRICAL OUTLETS REQUIRED:** ( $\sqrt{}$  required number of outlets)

In an effort to best accommodate the needs of all our vendors it would be helpful for you to indicate the number of outlets necessary to run your operation. All outlets are 20 amps.

A maximum of three outlets will be available per vendor. Please select ( $\sqrt{}$ ) the number of outlets you will require below. The first outlet is complimentary, each additional is \$25.

1 outlet	
2 outlets	
3 outlets	

## **APPLICATION CHECKLIST**

Please review the list below to ensure you have all of the required information before submitting the application. ( $\sqrt{}$ )

\_\_\_\_\_ Completed application

- \_\_\_\_\_ Check for space fee (payable to City of Mequon)
- Completed S-240 Wisconsin Temporary Event Operator and Seller Information Completed Release and Hold Harmless for Vendor Form
- Picture of Booth Set-up (First-time vendors only)
- License Plate Number \_\_\_\_\_

### SEND COMPLETED APPLICATION AND FORMS TO:

Mequon City Hall 11333 N. Cedarburg Road Mequon, WI 53092 Attn: Carrie Enea. Executive Assistant Fax: 262-242-9819 E-Mail: cenea@ci.mequon.wi.us

Questions? Please call Carrie Enea, Mequon City Hall (262) 236-2941

#### The undersigned applicant agrees:

- 1) To adhere to the *Taste of Mequon* guidelines as provided in the food/beverage vendor information.
- 2) To agree to bear all risk and expense for any loss, theft or damage to my personal property or injury to my person, regardless of cause.
- 3) I agree to be photographed or videotaped for promotional purposes.

I have read and agree to the *Taste of Mequon* event terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: January 17, 2024

City of Mequon 🛑 11333 N. Cedarburg Road Mequon, WI 53092



# NON-FOOD/BEVERAGE VENDOR GUIDELINES

# All vendors must be setup by 11:30 AM.

- A WI Seller's Permit Number is required from vendors selling a product(s).
- Electricity is limited to certain areas of the festival grounds. No private generators are allowed, unless previously authorized by the Mequon Festivals Committee.
- Vendors must remain in booth space.
- Setup is between 9:00 AM 11:30 AM on Cedarburg Road in front of Mequon City Hall. Setup is not permitted prior to 9:00 AM. Only one vehicle is allowed per vendor on the street for setup. A parking pass will be mailed two weeks prior to the event. Other detailed instructions for load-in and set-up will be emailed approximately one week prior to the event.
- Setup must be completed by 11:30 AM and booths must be staffed from noon to event close at 9:00 PM.
- At conclusion of the event, all trash must be placed in containers provided and the space left in the same condition as it was prior to setup.
- All vendors are responsible for liability within their space as well as any loss, theft or damage. Vendors are responsible for their own insurance.
- Appropriate dress is required, shirts and footwear must be worn at all times.

# S-240 Wisconsin Temporary Event Operator and Seller Information

## Seller at Temporary Events

Wis. Stat. § 73.03(38) requires an operator of a temporary event to obtain information from sellers selling merchandise or services at a temporary event, including those whose sales may be exempt from sales tax.

Please complete the "Seller" portion of the enclosed Form S-240 <u>Wisconsin</u> <u>Temporary Event Operator and Seller Information</u> provided, sign and date the form and submit with the event application.

# What to Bring to the Event

- Duct tape to secure electrical cords
- Vendor must provide their own tent, table and chairs
- A clamp light with a fluorescent or LED blub for lighting and an extension cord for the light. Electricity will be provided for the light.
- A 10 or 12 gauge extension cord for every outlet you will need. Length of cord (50' or 100') will depend on how far away you are located from an outlet. A common household extension cord is not acceptable.

### **Inclement Weather**

If inclement/severe weather is predicted for the day of the event, a cancellation announcement will be posted on the City of Mequon's website (<u>www.ci.mequon.wi.us</u>) by 6:00 AM on the morning of the event. To hear a recorded message of the event cancellation, call (262) 236-2941.

An alternate event date will not be provided due to inclement weather.

Approved: January 17, 2024

City of Mequon

11333 N. Cedarburg Road Mequon, WI 53092

#### **TASTE OF MEQUON**

#### **RELEASE AND HOLD HARMLESS FOR VENDOR-PARTICIPANTS**

#### (FOR OTHER THAN FOOD AND BEVERAGE VENDORS)

THIS RELEASE AND HOLD HARMLESS ( "Release") is made and entered into as of this \_\_\_\_\_ day of \_\_\_\_\_, 2024, by \_\_\_\_\_ ("Vendor Participant") and the CITY OF MEQUON, WISCONSIN, and their officers, employees and agents, (collectively, the "City").

#### **<u>RECITALS</u>**:

WHEREAS, the City will sponsor/co-sponsor a "Taste of Mequon" event (the "Event") to be conducted on September 10, 2022 at the Civic Center Campus; and

**WHEREAS**, Vendor Participant desires to participate in the Event, in which it is contemplated Vendor Participant and other participants will set up booth facilities in which will be prepared and sold to members of the public-attendees arts, crafts and other authorized products and merchandise; and

**NOW, THEREFORE**, in consideration of the City agreeing to allow Vendor Participant to participate (which the City would not be willing to do so in the absence of the execution and delivery of this Agreement by Vendor Participant), and other good and valuable consideration, the receipt and sufficiency which are hereby acknowledged, Vendor Participant hereby agrees as follows:

1. <u>Recitals</u>. The recitals set forth above are true and correct and are by this reference incorporated herein.

2. Acknowledgment and Assumption of Risk. VENDOR PARTICIPANT EXPRESSLY ACKNOWLEDGES THAT IN PERFORMING ANY OF THE ACTIVITIES SET FORTH ABOVE IN CONNECTION WITH THE EVENT, CERTAIN OF THE ACTIVITIES MAY OR MAY NOT BE INHERENTLY DANGEROUS AND WHICH ARE CAPABLE OF CAUSING PROPERTY DAMAGE AND BODILY INJURY TO VENDOR PARTICIPANT OR EMPLOYEES OR AGENTS OF VENDOR PARTICIPANT, OR ATTENDEES OF THE EVENT. VENDOR PARTICIPANT WILL BE RESPONSIBLE FOR ITS OWN WORKERS COMPENSATION AND LIABILITY INSURANCE INSURING FOR ANY RISK OF PROPERTY DAMAGE OR BODILY INJURY CAUSED BY OR DURING, ARISING OUT OF, OR RELATED TO VENDOR PARTICIPANT'S PARTICIPATION IN THE EVENT AND ANY OF THE ACTIVITIES CONDUCTED AT OR IN CONNECTION WITH THE EVENT.

3. <u>Waiver and Hold Harmless</u>. VENDOR PARTICIPANT DOES HEREBY COVENANT AND AGREE TO INDEMNIFY, RELEASE, WAIVE AND HOLD THE CITY, ITS OFFICERS, EMPLOYEES AND AGENTS (COLLECTIVELY, THE "INDEMNITEES") HARMLESS FROM AND AGAINST ANY AND ALL LOSSES, COSTS, LIABILITIES, PENALTIES, CLAIMS, DAMAGES, SUITS OR EXPENSES OF ANY KIND OR NATURE WHATSOEVER, INCLUDING, WITHOUT LIMITATION, REASONABLE ATTORNEYS' FEES (COLLECTIVELY, "LIABILITIES"), INCURRED OR SUSTAINED BY THE INDEMNITEES, DIRECTLY OR INDIRECTLY, AS A RESULT OF, ARISING OUT OF, CAUSED BY, OR RELATING IN ANY WAY TO VENDOR PARTICIPANT'S PREPARATION FOR PARTICIPATION IN THE EVENT, ACTUAL PARTICIPATION IN THE EVENT AND ACTIVITIES IN WHICH THE LIABILITIES SUSTAINED AROSE FROM, AND VENDOR PARTICIPANT'S PERFORMANCE OR OMISSION IN CONNECTION WITH ANY OF SUCH ACTIVITIES.

4. <u>Severability</u>. If any provision of this Release and Hold Harmless or any portion of any provision of this Release and Hold Harmless shall be deemed to be invalid, illegal or unenforceable, such invalidity, illegality or unenforceability shall not alter the remaining portion of such provision, or any other provision hereof, as each provision of this Release and Hold Harmless shall be deemed severable from all other provisions hereof.

5. <u>Governing Law</u>. This Release and Hold Harmless shall be governed by and be construed in accordance with the laws of the State of Wisconsin.

**IN WITNESS WHEREOF**, Vendor Participant has executed this Release and Hold Harmless on the date first above written. Vendor participant acknowledges receipt of a copy of this Release and Hold Harmless at the time of execution hereof.

#### **VENDOR PARTICIPANT:**

Business Name of Vendor Participant:\_\_\_\_\_

Signed by:

\_\_\_\_\_(Print name)

\_\_\_\_\_(Print Title)

# **Wisconsin Temporary Event Operator and Seller Information**

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

Instructions on reverse side.

Е	PART A: Event Information: To be completed by the operator of the temporary event				
E V	1.	Name of Temporary Event			
Ě	2.	Date(s) of Temporary Event			
N	3.	Location of Temporary Event (e.g., Venue, City)			
т	PARTI	3: Operator Information: To be completed by the operator of the temporary event			
0	1.	Name and Address			
P					
Е	2.	Daytime Telephone Number ()			
R	3.	Email Address			
A	4.	Wisconsin Tax Account Number			
T		If blank, check appropriate box:			
O R		No Taxable Sales       Exempt under Occasional Sales Rule       Exempt Nonprofit Organization         Other       Evaluin:			
		Other – Explain:			
	PART C: Seller Information: To be completed by seller and given to event operator on or before the first day				
	THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT – SEE INSTRUCTIONS				
		THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT – SEE INSTRUCTIONS			
	1.				
	1	Legal Name			
S	2.	Legal NameBusiness Name			
SE	2. 3.	Legal Name Business Name Address (Street or Route)			
_	2. 3. 4.	Legal Name Business Name Address (Street or Route) City, State and Zip Code			
E L L	2. 3. 4.	Legal Name Business Name Address (Street or Route)			
E L L E	2. 3. 4. 5.	Legal Name   Business Name   Address (Street or Route)   City, State and Zip Code   Home Telephone Number ()   Business Telephone Number ()   Wisconsin Tax Account Number			
E L L	2. 3. 4. 5.	Legal Name   Business Name   Address (Street or Route)   City, State and Zip Code   Home Telephone Number ()   Business Telephone Number ()   Wisconsin Tax Account Number			
E L L E	2. 3. 4. 5. 6. 7.	Legal Name   Business Name   Address (Street or Route)   City, State and Zip Code   Home Telephone Number ()   Business Telephone Number ()   Wisconsin Tax Account Number			
E L L E	2. 3. 4. 5. 6. 7.	Legal Name   Business Name   Address (Street or Route)   City, State and Zip Code   Home Telephone Number ()   Business Telephone Number ()   Wisconsin Tax Account Number ()   Wisconsin Tax Account Number   Social Security Number X X X - X X   Federal Identification Number (FEIN) X X - X X X   Check one box indicating the type of activity you intend to engage in at this event:			
E L L E	2. 3. 4. 5. 6. 7. 8.	Legal Name         Business Name         Address (Street or Route)         City, State and Zip Code         Home Telephone Number ()         Business Telephone Number ()         Wisconsin Tax Account Number ()         Wisconsin Tax Account Number ()         Federal Identification Number (FEIN) X X - X X X         Check one box indicating the type of activity you intend to engage in at this event:         Selling Taxable Merchandise or Service			
E L L E	2. 3. 4. 5. 6. 7. 8.	Legal Name   Business Name   Address (Street or Route)   City, State and Zip Code   Home Telephone Number ()   Business Telephone Number ()   Wisconsin Tax Account Number ()   Wisconsin Tax Account Number   Social Security Number X X X - X X   Federal Identification Number (FEIN) X X - X X X   Check one box indicating the type of activity you intend to engage in at this event:			

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 <u>revenue.wi.gov/html/temevent.html</u>. If you have additional questions, please contact the Department of Revenue by email at <u>DORBusinessTax@revenue.wi.gov</u> or telephone at (608) 266-2776. See reverse side for submission instructions.

\*\* Do not email event reports to maintain confidentiality of 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 website at <u>revenue.wi.gov/</u><u>forms/sales/index.html</u>. If you prefer, you may use the fill-in form available from the same website.

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 revenue.wi.gov/html/temevent.html. (Excel viewer is available.) Fill in the information for all sellers participating at the event and submit using the department's secure file transmission application at revenue.wi.gov/eserv/wteptran.html or by U.S. Mail. Do not email event reports to maintain confidentiality of seller information.
- **Paper Reporting:** Mail completed Forms S-240 or a printed version of spreadsheet to:

Temporary Events Program Wisconsin Department of Revenue PO Box 8910 Madison WI 53708-8910

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 website, 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 website, 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 the last four digits of 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.