

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>Garden Fair</u> 2. Date(s) of Temporary Event <u>May 31 and June 1, 2019</u> 3. Location of Temporary Event (e.g., Venue, City) <u>Green Bay</u>
	PART B: Operator Information: To be completed by the operator of the temporary event 1. Name and Address <u>Green Bay Botanical Garden</u> <u>2600 Larsen Road, Green Bay, WI 54303</u> 2. Daytime Telephone Number (<u>920</u>) <u>490-9457</u> 3. E-mail Address <u>info@gbbg.org</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: _____
S E L L E R	PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event. <div style="border: 1px solid black; padding: 2px; text-align: center;">THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT – SEE INSTRUCTIONS</div> 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.