



New  Renewal

City Clerk's Office

414-425-7500

July 1, 2011 to  
June 30, 2012

APPLICATION  
*Transient Merchant Permit*  
St Martins Fair – Food & Merchandise

- Monthly fee \_\_\_\_\_ (insert month) excludes September \$ 25.00
- Annual fee NOT including Labor Day Event Endorsement \$ 110.00
- Annual fee including Labor Day Event Endorsement (30 ft.) \$ 210.00
- Annual fee including Labor Day Event Endorsement (max. 15 ft.) \$ 130.00
- Issued at Fair (NOT including Labor Day Event Endorsement) \$ 210.00
- Issued at Fair (including Labor Day Event Endorsement) \$ 310.00
- Non-intoxicating & Soda Water Beverages \$ 5.00
- Late fee for renewals \$ 25.00
- Pre-inspection fee for new applicants or monthly applicants \$ 25.00

**Applicant (PRINT ALL INFORMATION)**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / **19**\_\_\_\_ Place of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ # Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_ Expiration Date \_\_\_\_

**Present Address** \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

If less than two years at present address, list previous address:

\_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Permanent Address** \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Temporary business location**

Location \_\_\_\_\_ Phone \_\_\_\_\_

**List ALL criminal convictions**

Type of offense \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

Type of offense \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

Type of offense \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

**Person, firm or corporation represented by applicant**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Vehicle used for conducting business**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License # \_\_\_\_\_

Method of merchandise delivery \_\_\_\_\_

**List three previous municipalities where business was conducted**

\_\_\_\_\_

**Applicant can be contacted for at least seven days at**

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Type of products or services to be sold (be specific)** \_\_\_\_\_

\_\_\_\_\_

**Wisconsin Seller's Permit Number** \_\_\_\_\_

**Attach LEGIBLE copy of identification**

APPLICANT UNDERSTANDS AND AGREES THAT THIS PERMIT IS NOT TO INSURE NOR INDEMNIFY AND SHALL NOT BE CONSTRUED AS SUCH. APPLICANT FURTHER AGREES THAT APPLICANT WILL INDEMNIFY AND HOLD HARMLESS THE CITY OF FRANKLIN FOR ANY & ALL CLAIMS ARISING FROM THE SERVICE OR GOODS PROVIDED UNDER THIS APPLICANT OR PERMIT.

APPLICANT FURTHER UNDERSTANDS AND AGREES THAT APPLICANT APPOINTS THE MUNICIPAL CLERK OF THE CITY OF FRANKLIN "TO ACCEPT SERVICE OF PROCESS IN ANY CIVIL ACTION BROUGHT AGAINST THE APPLICANT ARISING OUT OF ANY SALE OR SERVICE PERFORMED BY THE APPLICANT IN CONNECTION WITH THE DIRECT SALES ACTIVITIES OF THE APPLICANT, IN THE EVENT THAT THE APPLICANT CANNOT, AFTER REASONABLE EFFORT, BE SERVED PERSONALLY." CODE OF THE CITY OF FRANKLIN §237.4.D.

**SIGNATURE MUST BE NOTARIZED.**

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

# 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 St. Martin's Fair
2. Date(s) of Temporary Event First Monday of each month
3. Location of Temporary Event (e.g., Venue, City) St Martins Rd/Forest Home Ave Franklin

## PART B: Operator Information: To be completed by the operator of the temporary event

1. Name and Address City of Franklin  
9229 W. Loomis Rd. Franklin, WI 53132
2. Daytime Telephone Number (414) 425-7500
3. E-mail Address \_\_\_\_\_
4. Wisconsin Tax Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
If blank, check appropriate box:  
 No Taxable Sales       Exempt under Occasional Sales Rule       Exempt Nonprofit Organization  
 Other - Explain: Municipal Corporation

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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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
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](http://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](mailto: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](http://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](http://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](mailto: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](http://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.

# Please read, sign & return this sheet with application.

City of Franklin

9229 West Loomis Road

Franklin, WI 53132

(414)425-7500

## COMBINATION FOOD AND PEDDLER PERMIT

### GENERAL PERMIT REQUIREMENTS:

1. Permit will be issued to applicant, upon payment of required fees and upon signature of applicant to follow rules governing operation at St. Martins Fair.
2. Permit fees cover the period beginning July 1st, ending June 30th, or any part thereof.
3. All operations that serve and/or sell food and non-beverage items, except for unprocessed food, are required to obtain and display this permit. **Unprocessed food** includes farm products that are grown/produced by the farmer/seller on the farmer/seller's property (e.g. honey if unprocessed must be appropriately labeled and does not require a permit).
4. All property owners selling space to vendors are responsible to notify vendors of permit requirements and regulations of St. Martins Fair.
5. All food and beer stands shall provide plastic liners for the trash barrels which they use, and they shall change the liners as the barrels are filled. Liners are available at the Police trailer during the Fair.
6. No stakes shall be placed in any public asphalt or concrete walkway or street.
7. All food vendors must be located at least 50 feet away from port-a-johns and animals.
8. Selling and serving of home-baked, home-canned, or home-processed food is prohibited. Operations licensed by the State of Wisconsin must also possess and display the license(s) required for all other processed foods (e.g. taffy maker), in addition to this permit.
9. All perishables must be mechanically refrigerated.
10. Soda permit is not included in this combination permit.
11. Operations not meeting permit standards are subject to closure by the Sanitarian upon inspection during the Fair.
12. Animals must be restrained or fenced, and kept reasonably away from public reach.

### FOOD OPERATION

1. **Mechanical** refrigeration must be provided.
2. Food Handlers:
  - All food handlers must:
    - A. Wear off-street clothing (e.g. aprons, smocks, etc.)
    - B. Not smoke.
    - C. Have appropriate hair covering.
    - D. Wash hands frequently.
    - E. Show evidence of maintaining clean and sanitary operation.
3. Water Supply:
  - Safe water test report is required. Municipal water receipt or bottled water with receipt may be substituted as acceptable.
  - A. Cleaning utensils/equipment. Where utensils/equipment are used, the following requirements must be followed:
    - 1) **At least five (5) gallons of water** must be available daily for use in a cleanable container.
    - 2) Water must be stored in covered containers.
    - 3) A means of heating water must be available.
    - 4) A separate area away from food handling must be used for cleaning utensils and equipment.
  - B. Hand Washing.
    - 1) Soap, basin, disposable towels, and **at least five (5) gallons of potable water** must be available daily (in addition to the five gallons required for cleaning utensils; therefore, total of ten (10) gallons are required daily).
    - 2) During food **preparation**, the food must be kept away from the traffic of the general public. Once prepared, food must be covered.
    - 3) All food products must be kept off the ground and in a clean and sanitary condition.
4. Permits.
  - All permits and additionally required licenses must be displayed in a prominent area at all times. If permit is not on display, a new permit will be issued with NO REFUND.
5. Structural Requirements of Stand.
  - A. Roof, sidewalls, and counter fronts must be covered.
  - B. Dirt floors must be covered (e.g. tarp, wood).
  - C. Skirting must be attached to front counter (vertical cover from counter to ground).
  - D. All food operations where food is **prepared** are required to be screened to prevent entrance of insects. This means all areas where food and food contact surfaces of equipment are exposed to dust, insects, drippage, etc., must be effectively enclosed and/or screened. Only those extremely high heat areas (e.g. grills, smokers, pizza ovens, fryers) may be exempt if food is not prepared or held in cooking area.
6. Use of insecticides is prohibited as a means of discouraging insects near foods.

Testimony to Reading:

I hereby state that I have read these rules and agree to abide by them.

Signature of Applicant

Date

(Clerk 4/06)