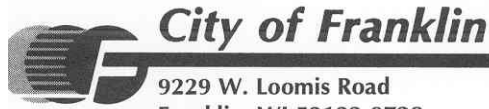


New Renewal



9229 W. Loomis Road
Franklin, WI 53132-9728

City Clerk's Office

414-425-7500

*July 1, 2011 -
June 30, 2012*

APPLICATION
Transient Merchant Permit
St Martins Fair – Merchandise Only

- Monthly fee _____ (insert month) excludes September \$ 25.00
- Annual fee NOT including Labor Day Event Endorsement \$ 60.00
- Annual fee including Labor Day Event Endorsement (30 ft.) \$ 160.00
- Annual fee including Labor Day Event Endorsement (max. 15 ft.) \$ 80.00
- Issued at Fair (NOT including Labor Day Event Endorsement) \$ 160.00
- Issued at Fair (including Labor Day Event Endorsement) \$ 260.00
- Non-intoxicating & Soda Water Beverages \$ 5.00

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 _____

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 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, COUNTY OF MILWAUKEE STATE OF WISCONSIN

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. 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.

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. 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. (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.
- **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. 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.