Total Remitted \$	memorial DAY	MEMORIAL DAY ARTS & CRAFTS SHOW Sunday, May 25, 2025 10:00 am - 4:00 pm Downtown Eagle River Eagle River, WI	OFFICE USE ONLY Check #: Amt Paid: Post Mark Date: Cert. of Insurance: Booth Assignment:
Exhibitor Name:	P.O. Box 1917 - M Eagle River, WI 54 800-359-6315 or	ID 4521 email: events@eagleriver.org	
Address: City/State/Zip: Telephone:	Business Name:		
City/State/Zip:	Exhibitor Name:		
Telephone:	Address:		
Website:	City/State/Zip:		
Method of Payment (Please make payable to the Eagle River Chamber of Commerce): Check Money Order Credit Card Credit Card Number: Expiration Date: Signature: Date: Zip Code: Booth Space(s): Outside space(s) 10' x 10'			
Check Money Order Credit Card Credit Card Number: Expiration Date: CVC#: Signature: Date: Zip Code: Booth Space(s):Outside space(s) 10' x 10'	Website: E-Mail:		
Booth Space(s):Outside space(s) 10' x 10'	□ Money Order □ Credit Card Credit Card Number:		
Total Remitted \$	Signature:	Date:	Zip Code:
Brief Description of Items Being Sold: Image: Interpretent in the state of the stat	Booth Space(s):Outsi	de space(s) 10' x 10'\$ 1	25 \$
 <u>YOU MUST SUBMIT THE FOLLOWING:</u> This completed and signed Application and Seller's Permit Form (side one and two of this sheet). A certificate of General Liability Insurance valid during the time of the show, must be on file with our office in order to participate. Your booth payment in the form of check(s), credit card information or money order(s). Please make checks payable to Eagle River Area Chamber of Commerce. If your work is not selected all fees will be returned to you. Five color photographs of your work for jurying. One photo must be of your display booth, one must show you working or your project and three must be of the items you will be selling at the event. Photos must be labeled with your name and a sh description of the items being sold. All work exhibited is expected to be equivalent in quality to that depicted in the application photographs. We will return your photos to you. Photos can be emailed to: events@eagleriver.org I accept the rules and regulations regarding my participation in the 2025 Memorial Day Arts & Crafts Show. I understand to the rules and regulations regarding my participation in the 2025 Memorial Day Arts & Crafts Show. 	Brief Description of Items Be		sted \$
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work exhibited has to be my very own original art or handcrafted items.	 This <i>completed</i> and <i>signed</i> App A certificate of General Liability participate. Your booth payment in the fort Eagle River Area Chamber of 4 Five color photographs of your your project and three must be description of the items being sol 	<u>YOU MUST SUBMIT THE FOLLOWING</u> lication and Seller's Permit Form (side one and two of t ty Insurance valid during the time of the show, must be m of check(s), credit card information or money order(s Commerce. If your work is not selected all fees will be work for jurying. One photo must be of your display b of the items you will be selling at the event. Photos must d. All work exhibited is expected to be equivalent in qu	G: this sheet). on file with our office in order to s). Please make checks payable to the returned to you. ooth, one must show you working on st be labeled with your name and a short nality to that depicted in the application
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(Side 1 of 2)

Seller's Permit Form Memorial Day Arts & Crafts Show Sunday, May 25, 2025

Return to:

Eagle River Area Chamber of Commerce P.O. Box 1917 - MD Eagle River, WI 54521

Wisconsin law (sec. 73.03(38), Wis. stats.) requires that each operator of a swap meet, flea market, craft fair or similar event must report to the Wisconsin Department of Revenue the name, address, social security number and the Wisconsin seller's permit number (if available) of each vendor selling merchandise at the event.

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR APPLICATION

1. Name of Operator or Sponsoring Organization: Eagle River Area Chamber of Commerce

2. Name of Event: Memorial Day Arts & Crafts Show

3. Date(s) of Event: <u>May 25, 2025</u>

4. Location of Event (City or Town): Eagle River, Wisconsin

5. Vendor/Seller's Real Name:

6. Business Name:

7. Address: _____

12.

8. City, State, and Zip Code:

9. Social Security Number (<u>Required</u> - Last Four Digits Only):

10. Wisconsin Seller's Permit Number (Required):

Indicate below the type(s) of activity you intend to engage in at this event.

11. Selling Merchandise - Includes the sale, rental, lease, exchange, trade or taking orders of any merchandise goods, or products for money and/or other consideration. Describe the type of product.

Selling a Service - Includes the sale, rental, lease, exchange or trade of any service or admission or money and/or other condition. Describe the type of service or admission.

(Side 2 of 2)