

**PORT FISH DAY, INC.
VENDOR APPLICATION**

Name of Organization or Individual: _____

Address: _____

Telephone Number: _____ **Fax Number:** _____

Name of owner or principal manager: _____

Address: _____

Telephone Number: _____ **Fax Number:** _____

E-Mail: _____

Number of personnel involved: _____

Wisconsin Seller's Permit Number: _____

Description of service or products to be sold:

(Attach additional sheet if required)

Describe the space requirements and type of facility you plan to utilize, including the number of mobile units.

(Attach additional sheet if required)

Retail price of product: _____ Estimated Gross Sales: _____

Time required for set up: _____ Time required for clean up: _____

ELECTRIC REQUIRED _____

VOLTAGE _____ **AMPS** _____

\$40 set-up charge for Electrical Connection Due with Application

PLEASE INDICATE: CHOICE 1 CHOICE 2

Friday set up time: _____ Saturday Morning set up time: _____

Starts 4 P.M Starts 6 A.M.

Time: _____ Time: _____

Application deadline is May 1, 2017

E-Mail: www.portfishday.com vendors@portfishday.com

Additional Information:

- Nametags, or other identifying materials, shall be provided to all approved Vendors. This is an effort to control outside Vendors not approved by Fort Fish Day, Inc. from encroaching on the event.
- All personnel of approved vendors must wear supplied nametags, at all times, during the event. Any Vendor without a Port Fish Day supplied nametag shall be removed from the grounds.

Applicant Signature: _____ **Date:** _____

Port Fish Day Use Only:

Date received: _____

Deposit Received: _____

Insurance Cert Received: _____

Approved: _____

Denied: _____

**PORT FISH DAY, INC.
P.O. BOX 564
PORT WASHINGTON, WI 53074**

ATTENTION ALL VENDORS

Wisconsin Law (sec. 73.03(38), Wis. Stats.) requires that PORT FISH DAY, INC., must report the following information to the Wisconsin Department of Revenue for all vendors selling merchandise at Fish Day.

EVENT

Fish Day

Sponsoring Organization – Port Fish Day, Inc.

Date: July 15, 2017

VENDOR

Vendor's Name: _____

Business Name: _____

Address: _____

Social Security Number: _____

WI Sellers Permit Number: _____

Business Description: _____

Copies of this form for all Fish Day merchandise sellers must be sent to Wisconsin Department of Revenue, Attn: **Operator / Vendor Program, P.O. Box 8902, Madison, WI 53078** within 10 days following the Fish Day event.