



2024 WINTER MARKET

Saturday, December 7, 2024

9 am-2 pm Lake Mills Middle School (Cafeteria & Gymnasium) 318 College St **APPLICATION DEADLINE: October 1, 2024**

PLEASE PRINT CLEARLY: Vendor Name(s)		Business Name:		
Mailing Address:		City:	State:	Zip:
Cell Phone:	License Plate:	E-mail:		
Facebook Page:	Web	osite:		
ALL items you wish to vend n	nust be listed and describe	ed in order to be sold: (Attach extra sh	neets if needed)
BOOTH INFO				
 Size:10x10 area. Vendors legs need padding to protect t Cost: \$70 There is no electricity available 	he gym floors. (Double bo	oths are not available)	etc. All chairs a	and table
EVENT INFO:				
 We encourage homemade/ We have rolling acceptance Winter Market Committee who acceptance status after review The Winter Market Commit APPLICATION REQUIREMENT 	e. Each application/photos in the application is receiv v. All applications must be tee will curate the final dec	will be reviewed and sed. Applicants will be neceived by October 1 cision on applicants.	elected by the otified of their , 2024.	ons.
□ Completed Application		р		
□ WI S240 Form				
	\$70 booth fee (payment m Checks returned NSF will b		ayPal or check	c payable to
□ Three Electronic phot	t os of your work are requir	ed for the acceptance p	rocess.	
	accurately reflect the divers ter Market participants, so			e committee to
	F's or word documents wi	•		
	emailed to jessica@leger	•		
	d insurance documentat County Health Department Irance.			
the vendor, have read, understand roduction inspection by the Legendary allest extent permitted by law, I agree to imployees and volunteers and others way and all claims, demands, suits, or lar recovered against or from the Lake fodily injury or death and/or property demands connected or associated with the duplications. Returning applicants	v Lake Mills: A Chamber Main S to defend, pay on behalf of, inde working on behalf of the Legend loss, including all costs connected Mills Public School District and/o amage, including the loss of use the Winter Market. I affirm that all	treet Organization Board or mnify and hold harmless the ary Lake Mills and/or the La ed therewith, and for any da or the Legendary Lake Mills, e thereof, which arises or is designs are my own and/or	committee or appe e elected and appe ke Mills Public Sc mages which may by reason of pers in any I have the legal p	ropriate staff. To the binted officials, hool District, against be asserted, claimed conal injury, including ermission for any
Applicant's Signature:			Date:	

*Signing the Legendary Lake Mills Winter Market application indicates that you have read and will abide by the event rules listed on page two of this application. If you have any questions, please contact Legendary Lake Mills at jessica@legendarylakemills.com or 920-648-3585. Mail forms to: 200E Water St Lake Mills, WI 53551

2024 LEGENDARY LAKE MILLS WINTER MARKET RULES & REGULATIONS:

- Booth set-up will be the evening of Friday, December 6, 2024. More information will be communicated about this closer to the event date.
- Vendors may unload at the front of the Lake Mills Middle School. Vehicles MUST be moved immediately after unloading to the back parking. Vendors must move their vehicles and trailers to the parking lot behind the Middle School before 8:45AM. More information will be communicated about this closer to the event date.
- Vendors may unload at the front of the Lake Mills Middle School. Vehicles
- Early breakdown of your booth before 2 pm is highly discouraged and can lead to not being invited back.
- Vendors must remove all of their items from the gym by 4 pm on the date of the market.
- All designs must be your own and/or you must have legal permission for any duplications. Proof
 of legal permission may be requested before/during the event date.
- Each booth space is 10x10. Booth numbers and location will be emailed one week prior to the event.
- Refunds are not given.
- Vendor spaces are non-transferable.
- After the event, your vendor spot must be cleaned, taking waste with you. You may not leave cardboard boxes. (even if broken down)
- Refunds will not be given for inclement weather.
- Checks returned NSF will be assessed a \$35 returned fee by the Legendary Lake Mills.
- Legendary Lake Mills does not carry insurance coverage for individual vendors. All vendors will be held liable for damage caused by their product, equipment, etc. Vendors are responsible for their own general liability and product and liability insurance.
- Please mail application, tax form and payment to:

Legendary Lake Mills 200 E Water Street Lake Mills WI 53551

*Pictures should be emailed to: jessica@legendarylakemills.com

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Form S-240	Operator's Wisconsin Tax Number			Event End [Date	Page of	
Part C: V	endor Information						
f the vendor provided by t	does not have a Wisconsin seller perm	it number an	d claims their sale	s are tax e	xempt, enter the	exemption code number	
1 - Exempt	sales only or display only vel marketing company pays sales tax		Nonprofit occasion Exempt occasiona		xemption		
Wisconsin Selle	er's Permit Number (15 digits starting with 456)		SSN (last 4 digits)		FEIN (last 4 digits)	Exemption Code	
	egal Business Name (if not sole proprietor)			Doing Business As (DBA) Name (if applicable)			
Vendor/Contac	Name (Last)	Vendor/Contac	ct Name (First)		Vendor Phone Num	ıber	
Mailing Address	L.		Email Address				
City		State	Zip	Multi-	-Level Marketing Com	npany (if claiming Code 2 above)	
Wisconsin Selle	er's Permit Number (15 digits starting with 456) —		SSN (last 4 digits)		FEIN (last 4 digits)	Exemption Code	
Legal Business	Name (if not sole proprietor)		Doing Business A	s (DBA) Name	e (if applicable)		
Vendor/Contac	ame (Last) Vendor/Contact Na		ct Name (First)	me (First) Vendor Phone Number			
Mailing Address			Email Address		1		
City	State		Zip	Multi-	Level Marketing Company (if claiming Code 2 above		
	er's Permit Number (15 digits starting with 456)		SSN (last 4 digits)		FEIN (last 4 digits)	Exemption Code	
	456- – egal Business Name (if not sole proprietor)			Doing Business As (DBA) Name (if applicable)			
Vendor/Contac	r/Contact Name (Last) Vendor/Contact Na		ct Name (First)	me (First) Vendor Phone Number		ıber	
Mailing Address			Email Address				
Mailing Address	ing Address		Linaii Address	Email Address			
City	State		Zip	Multi-	Level Marketing Company (if claiming Code 2 above)		
	er's Permit Number (15 digits starting with 456)		SSN (last 4 digits)		FEIN (last 4 digits)	Exemption Code	
456- Legal Business	— Name (if not sole proprietor)		Doing Business A	s (DBA) Name	e (if applicable)		
Vendor/Contact	Name (Last)	Vendor/Contac	et Name (First)		Vendor Phone Number		
Mailing Address			Email Address				
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State

Reproduce this page as needed to report all vendors. Page 1 must be included with your submission.

City



Multi-Level Marketing Company (if claiming Code 2 above)