

Price Ice Recreation Arena- Park Falls Area Blue Line Club, Inc

PO Box 133 Park Falls, WI 54552

Email: pffleamarket@gmail.com

I understand that by signing this application it becomes a contract when accepted by the Park Falls Recreation Arena. I agree to abide by all the rules set forth for the event. I further understand that by signing this application I assume all responsibility for my own space and will not hold the Park Falls Recreation Arena, City of Park Falls, or its representative for theft, damage, or personal injury. I understand that my space fee is non-transferable and non-refundable. I have read and agree to abide by the vendor rules and any infraction of these rules will be grounds for immediate eviction with no refund of any kind.

If the vendor does not have a Wisconsin seller permit number and claims their sales are tax exempt, enter the exemption code number provided by the vendor. Please circle which applies to you:

1. Exempt sales only or display only.
2. Multi-level marketing company pays sales tax.
3. Nonprofit occasional sales exemption.
4. Exempt Occasional Sales

Make Checks out to: Price Ice Recreation Arena

PLEASE PRINT LEGIBLY

Wisconsin Seller's Permit Number: 456- _____ -- _____

SSN (Only required if you do not have a seller's permit number): _____ FEIN: _____

Legal Business Name: _____

Doing Business As (DBA) Name (if applicable): _____

Vendor Last Name: _____

Vendor First Name: _____

Phone Number: _____

Mailing Address: _____

Email Address: _____

City: _____ State: _____ Zip Code: _____

Type of merchandise sold: _____

Vendor Signature: _____ Date: _____

Information about temporary events, including forms, instructions, and FAQ's, can be found on the Wisconsin Department of Revenue's website at <https://www.revenue.wi.gov>. If you have additional questions, please contact the Wisconsin Department of Revenue, PO Box 8949, Madison, WI 53708-8949 or by e-mail at DORBSalesandUse@wisconsin.gov, telephone at (608) 266-2776.

OFFICE USE ONLY

Coordinator Signature _____ Date Received ____/____/____

Space Number(s) _____

Amount Received \$ _____ Cash/Credit Card (3% surcharge added) /Check # _____