Booth # _____
Spaces _____
Ch #/MO# _____
ONLINE# _____
For Office Use Only

Bonduel Founders Day
Food Vendor Application

Name (print) _____

Year of event applying for: _____

Phone # (____)_____

Your Business Name: _____

Mailing Address (print):_____

_____

Email_____

Include a sample menu of items you would like to sell. You can attach it to this form.

Booth size: 12x12

Number of spaces: _____ @ $25.00 each

Bonduel Non Profit organizations can receive one (1) free space. Only one (1) non-profit group per space.

_____ I am a returning food vendor
_____ I am a first-time vendor
_____Bonduel Non Profit Organization

Include with this application:

- Copy of your Insurance. It will need to be current at time of event.
- Copy of your Food Sellers Permit. This will need to be current at time of event also.
- Check or Money Order (your duplicate copy is your receipt)
- S-240 Form bottom filled out and signed.
- Sample Menu
- Only return this page with your payment, the letter is for your reference.
- Applications will not be considered without all paperwork/payment returned.

* Applications are due by August 29th.
*First come first serve with menu items- any duplicate vendors will be placed on a waiting list
*Vendors booth space numbers will be mailed to vendors. Booth spaces will change each year.
*By completing this form and sending it in, you are agreeing to the terms stated in the accompanying letter.

*No sales of alcohol, animals, adult paraphernalia or otherwise deemed inappropriate sales, will be allowed. This decision will be at the discretion of the Founders Day committee. Anyone selling this type of item will be asked to leave immediately.

Make your check out to and return this application to: Bonduel Founder's Day
P.O. Box 381
Bonduel WI 54107-0193

Part C: Vendor Information- S 240

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.

1 - Exempt sales only or display only 3 - Nonprofit occasional sales exemption

2 - Multi-level marketing company pays sales tax 4 - Exempt occasional sales

Wisconsin Seller's Permit Number (15 digits starting with 456) 456– –			SSN (last 4 digits)	FEIN (last 4 digits)	Exemption Code
Legal Business Name (if not sole proprietor)			Doing Business As (DBA) Name (if applicable)		
Vendor/Contact Name (Last)	Vendor/Contact Name (First)			Vendor Phone Number	
Mailing Address			Email Address		
City	State	Zip	Multi-Level Marketing Company (if claiming Code 2 above)		
Wisconsin Seller's Permit Number (15 digits starting with 456) 456– –			SSN (last 4 digits)	FEIN (last 4 digits)	Exemption Code
Legal Business Name (if not sole proprietor)			Doing Business As (DBA) Name (if applicable)		
Vendor/Contact Name (Last)	Vendor/Contact Name (First)			Vendor Phone Number	
Mailing Address			Email Address		
City	State	Zip	Multi-Level Marketing Company (if claiming Code 2 above)		