



## Local Service Organization

DATE: Second Weekend After Labor Day (Rain or Shine! No rain date)

TIME: 8am - 11:30pm

Location: Wisconsin Dells

### **Booth Spaces:**

- Your Tent/Booth/Space is determined by the location issued by the Wo-Zha Wa Committee. Any significant changes from prior years must be approved by the Wo-Zha-Wa Committee

### **Insurance:**

- You are responsible for your own liability insurance within your rented area.
- An insurance company used by many vendors was *Veracity Insurance* (888) 568-0548 or go to [www.actinsurance.com](http://www.actinsurance.com)

### **Weather:**

- We are an outdoor show and subject to the elements. Rain or shine, no rain dates.

### **Sales Tax:**

- Vendors are responsible for collecting & paying state/county sales tax at 5.5%
- Contact the *Wisconsin Department of Revenue* office with questions or to obtain a permit at [1-608-266-2776](tel:1-608-266-2776).

### **Misc:**

- We reserve the right to accept or reject any food or merchandise sold.
- **All items** sold and displayed must be approved.
- **All items** must show good taste and be family appropriate. Nude, erotic, graphic and/or violent images will NOT be considered for this event. On-site representatives will be enforcing this policy throughout the festival.

## Wo-Zha-Wa Service Organization Application

Mail Application and supplemental forms to:

**Wo-Zha-Wa Committee, Attn: Laurie Anderson, P.O.Box 485, Wisconsin Dells, WI 53965**

Calendar:

July 1: Application deadline, Late applications will not be accepted

August 1: Vendor acceptance notification

### Please print

Organization \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zipcode \_\_\_\_\_ Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Website \_\_\_\_\_

Secondary Contact Contact: \_\_\_\_\_ WI Sellers Permit Number #: \_\_\_\_\_

List All Food and Items to be sold: \_\_\_\_\_

### Check List:

Enclosed copy of Wisconsin Sellers Permit Number \_\_\_\_\_ (required unless non-profit)

Enclosed Insurance Rider \_\_\_\_\_ (required)

Enclosed Proof of Non-Profit Organization \_\_\_\_\_ (required for non-profit)

I understand that upon approval of this application I agree to submit the greater of \$1000 or 20% of gross profits to the Wo-Zha-Wa Committee by December 1. I understand that my organization will not be able to vend if payment from the prior festival is not made. The Wo-Zha-Wa Committee has the right to change the location where your organization may vend.

**(Must be signed or application will be returned)**

Print Name: \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_

For More Information

Email: Laurie Anderson: [landerson@holidaywholesale.com](mailto:landerson@holidaywholesale.com) or find information on the website:

[wozhawa.com](http://wozhawa.com)