Saturday, <b>Sept. 1st</b> is the deadline for your <b>non-refundable</b> Your booth is not reserved until your payment is receive Make your check payable to: <b>Galesville Area Chamber of Co</b> Mail Payment and Form to: <b>P.O. BOX 196, GALESVILLE, V</b>	ed. ommerce
Your Name	
Email address	
Telephone Number ( )	
Brief Description of your 2024 Booth:	
Number of 10'x10' spaces needed Amount enclosed \$	
Location Preference: (1) [2] Electric Undoor (\$60) Outdoor (\$50)	city needed [ ] Yes
The undersigned waives all right, without limit upon or liability for use of their property and facilities of Gale, Trempealeau County, and all said property owners. The undersigned agrees Galesville A may use photos for publicizing the event. I HAVE READ THESE RULES AND AGREE TO THE TR	rea Chamber of Commerce
	DATE
(Must be signed or application will be returned)	
Check# Payment Amount Date Mailed	Date Received
The state of Wisconsin now requires the following information for any person or selling merchandise or providing a taxable service at our event:	entity involved with
1. Your Name	
2. Your Business Name	
3. Address (Street or Route)	
4. City, State and Zip	
5. Business Telephone Number ( )	
6. Do you have a 15 digit Wisconsin Tax Account Number [] Yes [] No	
7. If yes, please provide	
8. Last 4 digits of your Social Security Number X X X – X X –	_
9. If you have a FEIN, provide last 4 digits	
10. Check one box indicating the activity you will engage in at Apple Affair:	
Selling Taxable Merchandise or ServiceDisplay Only	
Selling Exempt Merchandise of Service Exempt under Occasi	onal Sales Rule
Selling Exempt Merchandise of ServiceExempt under Occasi Nonprofit Organization	onal Sales Rule