

Crafter/Artisan Registration Form for Apple Affair Oct. 7, 2023

Saturday, **Sept. 2nd** is the deadline for your **non-refundable** payment.
Your booth is not reserved until your payment is received.

Make your check payable to: **GACC**
Mail Payment and Form to: **P.O. BOX 196, GALESVILLE, WI 54630**

Your Name _____
Email address _____
Telephone Number () _____

Brief Description of your 2023 Booth at Apple Affair on October 7th:

Number of 10'x10' spaces needed (\$45 each) _____ Amount enclosed \$ _____

Location Preference: _____ _____ Electricity needed [] Yes
enclosed building greenspace

The undersigned waives all right, without limit upon or liability for use of their property and facilities and holds harmless the Town of Gale, Trempealeau County, and all said property owners. The undersigned agrees Galesville Area Chamber of Commerce may use photos for publicizing the event. I HAVE READ THESE RULES AND AGREE TO THE TERMS OF THIS CONTRACT:

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 entity involved with selling merchandise or providing a taxable service at a temporary event:

1. Legal 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 Service Display Only
 Selling Exempt Merchandise of Service Exempt under Occasional Sales Rule
 Direct Seller, Company Name _____
 Nonprofit Organization