



EXHIBITOR APPLICATION TAYLOR COUNTY LIONS MAPLE FESTIVAL

MAPLE PRODUCTS, EQUIPMENT & CRAFTS/ARTWORK at the Simek Recreation Center, 1037 Broadway Ave. • Medford, WI Saturday, April 27, 2024

Please read carefully and fill out, sign & date this Exhibitor Application and mail it with your check payable to the Taylor County Maple Festival. Upon acceptance, I will sign & date the application and mail a copy to you.
Thank You! Dave & Shirley Lemke

Exhibitor Name: _____
Business Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone (Daytime): _____ Email: _____
WI Seller's Permit No. 456: _____
Specify all Maple Products, Equipment & Crafts/Artwork to be displayed and sold _____

Display hours are 7:30 am - 4:00 pm. Set up available Friday, April 26, from 1:00 pm - 6:00 pm and Saturday, April 27, from 6:00 am - 7:30 am. Electricity is available. Outdoor space available. Spaces are 10' x 10' inside heated building. Exhibitors must furnish their own table, chairs & displays. (Please consider donating 1 item from your display for our raffles and advertising for your display.)

Cost per space is \$50.00 Spaces Needed _____ x \$50 = \$ _____
Electricity Yes No Total Enclosed _____ Check # _____

We agree to the Taylor County Maple Festival Committee reserving the right to rescind permission for participation in the Maple Festival on Saturday, April 27, 2024. We agree to abide by the rules set forth: Booths must be ready to operate by 7:30 am and close down no sooner than 4:00 pm. We agree to exhibit and present only items approved by the Taylor County Maple Festival Committee. We also agree to leave the premises clean and free of debris. The Taylor County Maple Festival Committee is not responsible for any accidents, loss of, or damage to merchandise or personal property from any cause whatsoever. We understand no refunds will be made, for any reason.

THIS FORM MUST BE SIGNED TO BE ACCEPTED: _____
Exhibitor Signature _____ Date _____

Wisconsin Sales Tax: Wisconsin law (sec.73.03.(38) WI Stats. Requires that each operator of a swap meet, flea market, craft fair or similar event must report to the Wisconsin Department of Revenue the Name, Address, Social Security Number or Wisconsin Seller's Permit Number of each vendor selling merchandise at the event.

MAIL TO: DAVE & SHIRLEY LEMKE
W7836 PERKINSTOWN AVE. • MEDFORD, WI 54451
For information call Dave & Shirley (715) 785-7573 or email dslemke@tds.net

THIS AREA IS FOR OFFICE USE ONLY
I HEREBY ACCEPT THE ABOVE APPLICATION: _____
BOOTH PRICE \$50 x _____ = \$ _____ CHECK # _____ RECEIVED: _____