



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

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 _____ Zip Code _____ Contact Person _____

Email: _____ Website _____

Secondary 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 or find information on the website:

wozhawa.com