



Wilmot Mountain Flea Market, Inc. Merchandise Vendor Application Form

Prior to submitting Merchandise Vendor Application Form, please carefully review the Vendor Rules and Regulations Form, in addition to completing the Vendor Waiver Form.

Date: _____

Vendor/Business Name: _____

Contact/Owner's Name: _____

Phone: _____ Mobile: _____

Address: _____

Email: _____

Please select the description that best indicates the type of activity you intend to engage in at this event:

Selling Exempt Merchandise, under the "Occasional Sales Rule"*

* No Fed ID required if total sales are less than \$1,000 annually.

Display Only*

* Requires NO Fed ID.

Non-Profit Organization

Direct Sellers for Company Named Above*

* Please provide, Fed ID Number (EIN, last 4 digits of SSN, FEIN, if applicable)

ID Number: _____

Wisconsin Tax Ac Number (if applicable): _____

Please provide a description(s) of the product(s) you wish to sell at the Wilmot Mountain Flea Market event: