

**RETURN BY MAIL: FOR OFFICE USE:**

108 W. Main Street
Little Chute, WI 54140
Questions: vendors@marketonmainlc.com
Village of Little Chute: (920) 423-3868

Date Received: _____
Cash: \$_____ Check #: _____
PLEASE MAKE CHECKS PAYABLE TO:
Village of Little Chute (*Memo: Market on Main*)

FOOD VENDOR APPLICATION

Market hours are 2:00 p.m. to 8:00 p.m. on September 14, 2024
Setup begins at 12:00 pm – Check In no later than 1:30 pm

COMPANY NAME (DBA)			
CONTACT NAME			
SOCIAL MEDIA <i>(if applicable)</i>	WEBSITE <i>(if applicable)</i>		
PHONE	EMAIL		
ADDRESS <i>(individual or business)</i>			
CITY	STATE	ZIP CODE	

All applications will be subject to approval by Village Staff. The Village of Little Chute reserves the right of selection. There are no refunds except if the event is canceled due to unforeseen circumstances (i.e. severe weather conditions).

FOOD VENDOR INFORMATION:

Please provide a description of your food menu along with estimated pricing (or attach a file of your menu with application).

Food Truck - Dimensions: _____ Food Tent - Dimensions: _____

PAYMENT:

Accepted 2024 Market on Main Food Vendor Fee = **\$125**

PLEASE DO NOT SEND PAYMENT UNTIL APPROVED & INSTRUCTED TO DO SO

Please include all licensing that is required by the county/state for operating a food truck with your application.
I have read and agree to follow all Market on Main rules and guidelines.

VENDOR SIGNATURE: _____ DATE: _____



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★★ WI-DOR Vendor Information - Must be completed and turned in with application. ★★

If the vendor does not have a Wisconsin seller permit number and claims their sales are tax exempt, enter the exemption code number provided by the vendor.

- 1- Exempt sales only or display only
- 2- Multi-level marketing company pays sales tax
- 3- Nonprofit occasional sales exemption
- 4- Exempt occasional sales

Wisconsin Seller's Permit Number (456-) 456-	SSN (Last 4 digits)	FEIN (Last 4 digits)	Exemption Code
Legal Business Name (if not sole proprietor)	Doing Business As (DBA) Name (if applicable)		
Vendor/Contact Name (Last)	Vendor Contact Name (First)		Vendor Phone Number
Mailing Address	Email Address		
City	State	Zip	Multi-Level Marketing Company (If claiming Code 2 above)