



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*)

VENDOR APPLICATION

Market hours are 1:00 p.m. to 7:00 p.m. on September 12, 2026
Setup begins at 11:30 am (Must arrive no later than 12:30pm)

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

BOOTH INFORMATION:

Please provide a detailed description of specific items to be sold or activities to take place ("crafts" is not sufficient) for Market on Main. Use a separate sheet of paper if needed. Please include pictures with application if possible.

Single Space (10' x 10') – if your tent is larger, please provide details in comments below.

Will you be bringing a generator? Yes No *If so, please provide model details:* _____

Do you need to sell from a vehicle or trailer? Yes No *Explain:* _____

Comments: _____

PAYMENT:

Accepted 2026 Market on Main Vendor Fee = **\$75 (\$25 for Little Chute Businesses)**

IF NEW: PLEASE DO NOT SEND PAYMENT UNTIL APPROVED & INSTRUCTED TO DO SO

I have read and agree to follow all Market on Main rules and guidelines.

VENDOR SIGNATURE: _____ DATE: _____

★★ PLEASE RETURN APPLICATION BY MAY 1 TO BE CONSIDERED FOR OUR FIRST ROUND SELECTIONS ★★



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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 <u>456-</u>	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)