



Saturday, September 12, 2026

12:00 PM – 9:00 PM

**ARTIST/CRAFTSMAN/FARMER'S MARKET
JURY APPLICATION**

Application Deadline: August 1, 2026

VENDOR INFORMATION

Name of Vendor/Business: _____

Name of Contact Person: _____

Phone # of Contact Person: _____

Address: _____

City/State/Zip: _____

(Required)

E-Mail: _____

(Required)

Name of Emergency Contact Person: _____

(Required)

Phone # Emergency Contact Person: _____

VENDOR SPACE FEE

SPACE REQUIREMENT: (√ appropriate space size)

Space Size	Before June 26	Check Appropriate Box (√)	After June 26	Check Appropriate Box (√)
10 x 10	\$75		\$125	
10 x 20	\$125		\$175	

Total Due _____

Total Due _____

The vendor space fee is non-refundable.

➔ • All vendors must be setup by 11:30 AM.

APPLICATION CHECKLIST

Please review the list below to ensure you have all the required information before submitting the application. (✓)

- _____ Completed application
- _____ Provide 3 pictures of items that applicant will be selling and 1 of booth space setup
- _____ Check for space fee (payable to City of Mequon)
- _____ Completed S-240 Wisconsin Temporary Event Operator and Seller Information
- _____ Completed Release and Hold Harmless for Vendor Form

SEND COMPLETED APPLICATION AND FORMS TO:

Mequon City Hall
Attn: Beth Kong, Executive Assistant
11333 N. Cedarburg Road
Mequon, WI 53092
Phone/Fax: 262-236-2941
E-Mail: bkong@cityofmequonwi.gov

Questions? Please call Beth Kong, Mequon City Hall (262) 236-2941. Applicant will receive an email confirming if their application has been accepted.

The undersigned applicant agrees:

- 1) To adhere to the ***Taste of Mequon*** guidelines as provided in the artist/craftsman vendor information.
- 2) To agree to bear all risk and expense for any loss, theft or damage to my personal property or injury to my person, regardless of cause.
- 3) I agree to be photographed or videotaped for promotional purposes.

I have read and agree to the ***Taste of Mequon*** event terms and conditions.

Signature: _____ Date: _____

For Office Use Only:

Date Application Received: _____ Date Vendor Space Fee Paid: _____
Date Release and Hold Harmless For Vendor-Participants Form Received: _____
Date Form S-240 Wisconsin Temporary Event Operator and Seller Information Received: _____
Emergency Information Recorded: _____

Approved: January 19, 2026



ARTIST/CRAFTSMAN/FARMER'S MARKET VENDOR GUIDELINES

- Set up is between 8:00 AM – 11:30 AM on the day of the festival. Setup is not permitted prior to 8:00 AM. Only one vehicle is allowed per vendor on the street for setup. A parking pass will be mailed two weeks prior to the event. Other detailed instructions for load-in and set-up will be emailed approximately one week prior to the
- **All vendors must be setup by 11:30 AM.**
- Booths must be staffed from Noon to event close at 9:00 PM. At the conclusion of the event, all trash must be placed in containers provided and the space left in the same condition as it was prior to setup.
- Vendors must provide their own tent, tables, and chairs. Appropriate dress is required, shirts and footwear must be work at all times.
- All vendors are responsible for liability within their space as well as any loss, theft, or damage. Vendors are responsible for their own insurance.
- One electrical outlet is provided complimentary to all vendors. Additional may be available for \$25/each. Please inquire if needed.
- Payment is due in full at time of application.

S-240 Wisconsin Temporary Event Operator and Seller Information

Sellers at Temporary Events

Wis. Stat. § 73.03(38) requires an operator of a temporary event to obtain information from sellers selling merchandise or services at a temporary event, including those whose sales may be exempt from sales tax.

Please complete the "Seller" portion of the enclosed Form S-240 Wisconsin Temporary Event Operator and Seller Information provided, sign and date the form and submit with the event application.

Inclement Weather

If inclement/severe weather is predicted for the day of the event, a cancellation announcement will be posted on the City of Mequon's website (www.cityofmequonwi.gov) by 6:00 AM on the morning of the event. To hear a recorded message of the event cancellation, call (262) 236-2941.

An alternate event date will not be provided due to inclement weather.

Approved: January 19, 2026

TASTE OF MEQUON

RELEASE AND HOLD HARMLESS FOR VENDOR-PARTICIPANTS

(FOR OTHER THAN FOOD AND BEVERAGE VENDORS)

THIS RELEASE AND HOLD HARMLESS ("Release") is made and entered into as of this ____ day of _____, 2026, by _____ ("Vendor Participant") and the **CITY OF MEQUON, WISCONSIN**, and their officers, employees and agents, (collectively, the "City").

RECITALS:

WHEREAS, the City will sponsor/co-sponsor a "Taste of Mequon" event (the "Event") to be conducted on **September 12, 2026** at the Civic Center Campus; and

WHEREAS, Vendor Participant desires to participate in the Event, in which it is contemplated Vendor Participant and other participants will set up booth facilities in which will be prepared and sold to members of the public-attendees arts, crafts and other authorized products and merchandise; and

NOW, THEREFORE, in consideration of the City agreeing to allow Vendor Participant to participate (which the City would not be willing to do so in the absence of the execution and delivery of this Agreement by Vendor Participant), and other good and valuable consideration, the receipt and sufficiency which are hereby acknowledged, Vendor Participant hereby agrees as follows:

1. **Recitals.** The recitals set forth above are true and correct and are by this reference incorporated herein.

2. **Acknowledgment and Assumption of Risk.** **VENDOR PARTICIPANT EXPRESSLY ACKNOWLEDGES THAT IN PERFORMING ANY OF THE ACTIVITIES SET FORTH ABOVE IN CONNECTION WITH THE EVENT, CERTAIN OF THE ACTIVITIES MAY OR MAY NOT BE INHERENTLY DANGEROUS AND WHICH ARE CAPABLE OF CAUSING PROPERTY DAMAGE AND BODILY INJURY TO VENDOR PARTICIPANT OR EMPLOYEES OR AGENTS OF VENDOR PARTICIPANT, OR ATTENDEES OF THE EVENT. VENDOR PARTICIPANT WILL BE RESPONSIBLE FOR ITS OWN WORKERS COMPENSATION AND LIABILITY INSURANCE INSURING FOR ANY RISK OF PROPERTY DAMAGE OR BODILY INJURY CAUSED BY OR DURING, ARISING OUT OF, OR RELATED TO VENDOR PARTICIPANT'S PARTICIPATION IN THE EVENT AND ANY OF THE ACTIVITIES CONDUCTED AT OR IN CONNECTION WITH THE EVENT.**

3. **Waiver and Hold Harmless.** **VENDOR PARTICIPANT DOES HEREBY COVENANT AND AGREE TO INDEMNIFY, RELEASE, WAIVE AND HOLD THE CITY, ITS OFFICERS, EMPLOYEES AND AGENTS (COLLECTIVELY, THE "INDEMNITEES") HARMLESS FROM AND AGAINST ANY AND ALL LOSSES, COSTS, LIABILITIES, PENALTIES, CLAIMS, DAMAGES, SUITS OR EXPENSES OF ANY KIND OR NATURE WHATSOEVER, INCLUDING, WITHOUT LIMITATION, REASONABLE ATTORNEYS' FEES (COLLECTIVELY, "LIABILITIES"), INCURRED**

OR SUSTAINED BY THE INDEMNITEES, DIRECTLY OR INDIRECTLY, AS A RESULT OF, ARISING OUT OF, CAUSED BY, OR RELATING IN ANY WAY TO VENDOR PARTICIPANT'S PREPARATION FOR PARTICIPATION IN THE EVENT, ACTUAL PARTICIPATION IN THE EVENT AND ACTIVITIES IN WHICH THE LIABILITIES SUSTAINED AROSE FROM, AND VENDOR PARTICIPANT'S PERFORMANCE OR OMISSION IN CONNECTION WITH ANY OF SUCH ACTIVITIES.

4. **Severability.** If any provision of this Release and Hold Harmless or any portion of any provision of this Release and Hold Harmless shall be deemed to be invalid, illegal or unenforceable, such invalidity, illegality or unenforceability shall not alter the remaining portion of such provision, or any other provision hereof, as each provision of this Release and Hold Harmless shall be deemed severable from all other provisions hereof.

5. **Governing Law.** This Release and Hold Harmless shall be governed by and be construed in accordance with the laws of the State of Wisconsin.

IN WITNESS WHEREOF, Vendor Participant has executed this Release and Hold Harmless on the date first above written. Vendor participant acknowledges receipt of a copy of this Release and Hold Harmless at the time of execution hereof.

VENDOR PARTICIPANT:

Business Name of Vendor Participant: _____

Signed by: _____

_____ (Print name)

_____ (Print Title)

Wisconsin Temporary Event Operator and Seller Information

Information on this form is required under sec. 73.03(38), Wis. Stats.

Instructions on reverse side.

E V E N T O P E R A T O R	<p>PART A: Event Information: To be completed by the operator of the temporary event</p> <p>1. Name of Temporary Event _____</p> <p>2. Date(s) of Temporary Event _____</p> <p>3. Location of Temporary Event (e.g., Venue, City) _____</p> <p>PART B: Operator Information: To be completed by the operator of the temporary event</p> <p>1. Name and Address _____</p> <p>2. Daytime Telephone Number () _____</p> <p>3. Email Address _____</p> <p>4. Wisconsin Tax Account Number _____ - _____ - _____</p> <p>If blank, check appropriate box:</p> <p><input type="checkbox"/> No Taxable Sales <input type="checkbox"/> Exempt under Occasional Sales Rule <input type="checkbox"/> Exempt Nonprofit Organization</p> <p><input type="checkbox"/> Other – Explain: _____</p>
	<p>PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.</p> <p style="text-align: center;">THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT – SEE INSTRUCTIONS</p> <p>1. Legal Name _____</p> <p>2. Business Name _____</p> <p>3. Address (Street or Route) _____</p> <p>4. City, State and Zip Code _____</p> <p>5. Home Telephone Number () _____</p> <p>Business Telephone Number () _____</p> <p>6. Wisconsin Tax Account Number _____ - _____ - _____</p> <p>7. Social Security Number X X X - X X - _____</p> <p>8. Federal Identification Number (FEIN) X X - X X X _____</p> <p>9. Check one box indicating the type of activity you intend to engage in at this event:</p> <p><input type="checkbox"/> Selling Taxable Merchandise or Service <input type="checkbox"/> Display Only</p> <p><input type="checkbox"/> Selling Exempt Merchandise or Service <input type="checkbox"/> Exempt under Occasional Sales Rule</p> <p><input type="checkbox"/> Direct Sellers, Company Name _____ <input type="checkbox"/> Nonprofit Organization</p>
S E L L E R	

I declare that the information on this form is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.

Print Name: _____

Signature: _____ Date: _____

Information about temporary events, including forms, instructions and Common Questions can be found on the Department of Revenue's website at revenue.wi.gov/html/temevent.html. If you have additional questions, please contact the Department of Revenue by email at DORBusinessTax@revenue.wi.gov or telephone at (608) 266-2776. See reverse side for submission instructions.

**** Do not email event reports to maintain confidentiality of seller information ****

Instructions for Completing Operator and Seller Information

EVENT OPERATOR:

An “operator” is defined as a person or entity (such as an individual, association, partnership, corporation, or non-profit organization) that arranges, organizes, promotes, or sponsors an event. An operator may also be referred to as an organizer, exhibitor, or decorator. An operator may or may not be the owner of the property or premises where the event takes place. An operator may also be a seller at the event.

Note: A Wisconsin tax account number (formerly seller’s permit) is required if selling taxable merchandise or services. Admission fees are subject to sales tax in Wisconsin.

Step 1: Complete Parts A and B.

Step 2: Provide a copy of *Wisconsin Temporary Event Operator and Seller Information* (Form S-240) with Parts A and B completed to each seller participating in your event.

To obtain additional copies of Form S-240 go to the Department of Revenue’s website at revenue.wi.gov/forms/sales/index.html. If you prefer, you may use the fill-in form available from the same website.

Step 3: Submission – Event Operator.

Submit compiled vendor information to the department as soon as possible but no later than 10 days from event closing using one of the following methods:

- **Electronic Reporting:** If you have all the required sellers’ information, use the Excel spreadsheet provided at revenue.wi.gov/html/temevent.html. (Excel viewer is available.) Fill in the information for all sellers participating at the event and submit using the department’s secure file transmission application at revenue.wi.gov/eserv/wteptran.html or by U.S. Mail. **Do not email event reports to maintain confidentiality of seller information.**
- **Paper Reporting:** Mail completed Forms S-240 or a printed version of spreadsheet to:

Temporary Events Program
Wisconsin Department of Revenue
PO Box 8910
Madison WI 53708-8910

Revenue Field Agents attend temporary events to verify registration of sellers. Sellers must have evidence of their Wisconsin tax account number at the event.

SELLER:

A “seller” is defined as a person or entity involved with selling merchandise or providing taxable services at a temporary event. A seller may also be referred to as a vendor, exhibitor, or booth owner.

Important: This form is not an application for a Wisconsin Tax Account Number. If you do not already have a tax account number but are required to, you will need to apply for one directly with the Department of Revenue prior to the event. You can apply online or download an application, *Application for Business Tax Registration* (Form BTR-101) on the department’s website, revenue.wi.gov/forms/sales/index.html. Not all sellers are required to obtain a Wisconsin tax account number. Some of the reasons a seller may not need a tax account number are:

- The seller only sells tax-exempt items, such as vegetables for home consumption.
- The seller is only displaying at the event, no onsite orders are being taken, and taxable merchandise is not later shipped into Wisconsin.
- The seller qualifies for the occasional sale exemption. (See Publication 228, *Temporary Events*.)

If you have questions regarding applying for a Wisconsin tax account number, contact any Department of Revenue office, visit our website, or call (608) 266-2776.

Step 1: Complete Part C (event operator should complete Parts A and B).

Line 1: Enter your individual, partnership, association, or corporate name.

Line 2: Enter your business name, if different.

Line 3: Enter the address of the physical location of your business. If different, also provide your mailing address.

Line 6: Enter your 15-digit Wisconsin tax account number. You can find this number on your Form ST-12.

This number is **not** your 6-digit seller’s permit number issued to you prior to December 31, 2002.

Lines 7 & 8: Enter the last four digits of your social security number and/or federal employer identification number. This is required under sec. 73.03(38), Wis. Stats., if you do not provide a tax account number.

Step 2: Submit completed form to event operator on or before the first day of the event.