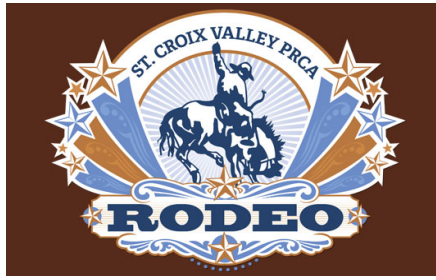


St. Croix Valley PRCA Rodeo Vendor Contract



August 18th & 19th, 2023

Glenwood City, WI

2023 Rodeo Commercial Space:

Footage requested: (_____ by _____) **\$200 for 2 nights**

Additional fees may apply if using equipment other than lights. TBD by Rodeo Committee.

All spaces are outside, not under the pavilion.

Name of Firm or Organization _____

Contact Person _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Describe the goods or services you wish to advertise for display or sale.

Make checks payable to: St. Croix County Rodeo Committee. Commercial space renters must return this contract and payment **no later than August 11st**. Failure to make full payment by required date constitutes a breach of this agreement and the St. Croix County Rodeo Committee has the right to reassign the space. *If payment is being made with a credit card a convenience fee will be passed on to the card holder.*

(over)

1. **Insurance Requirements:** The St. Croix County Rodeo Committee shall not be responsible for any negligence or unlawful acts of the lessee (concessionaire/commercial exhibitor) or lessee's agents or employees. The St. Croix County Rodeo Committee will not be responsible for any injuries, claims, losses or liabilities suffered or incurred by the lessee or lessee's agents or employees while on the fairgrounds and the lessee must agree to hold the Committee harmless there from. The lessee must indemnify the Committee from any and all liability, loss or damage the Rodeo / Fairgrounds may suffer as a result of claims demands, costs or judgments against it arising out of the actions of the lessee or lessee's agents or employees.

All commercial exhibitors must have \$1,000,000 (one million dollars) liability insurance coverage.

A certificate of insurance must be given to the Rodeo Commercial Exhibitor Committee by August 11th. If you do not have business liability insurance please check with the company you are representing. They may be able to provide you with an insurance certificate.

If you need insurance inquire at New Richmond Insurance (715-246-6988 Doug Mills) and mention the Rodeo.

2. The St. Croix County Rodeo Committee reserves the right to decline or prohibit and Exhibit, Exhibitor, or proposed Exhibit or Exhibitor, and to permit only such matter and conduct as it may approve.
3. No part of this space covered by this agreement shall be assigned, sublet, or otherwise dispose of without the written consent of the St. Croix County Rodeo Committee.
4. The Exhibitor hereby releases and holds harmless St. Croix County Wisconsin (St. Croix County Rodeo Committee) from any and all damages in connection with this event.
5. Refund may be made only if request is received before August 11th.

Please Note: By signing this contract, Exhibitor acknowledges that Exhibitor has read this contract and understands the rules and regulations contained herein and agrees to accept these rules and regulations as part of the contract.

Signed _____ Date _____

Payment of \$ _____ is enclosed with this signed contract. *If payment is being made with a credit card a convenience fee will be passed on to the card holder.*

Set up time can start as early as Thursday, August 17th or Friday morning, August 18th.

Gates open at 4:30. The Rodeo starts at 7:30pm. You could be open from early afternoon until after the evening Rodeo show. We will leave the time you close Saturday evening to your discretion.

Website: stcroixcofair.com/rodeo

Please return (1) this completed contract, (2) payment, (3) completed WI Temporary Sellers form and (4) Certificate of Liability Insurance to:

Rosemary Donahoe

160 5th Ave.

Baldwin, WI 54002

donahoe.rm@gmail.com

715-684-9060

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 <u>St. Croix Valley PRCA Rodeo</u></p> <p>2. Date(s) of Temporary Event _____</p> <p>3. Location of Temporary Event (e.g., Venue, City) <u>St. Croix Co. Fairgrounds, Glenwood City, WI</u></p> <p>PART B: Operator Information: To be completed by the operator of the temporary event</p> <p>1. Name and Address <u>St. Croix County Rodeo Committee</u> <u>210 Fairgrounds Road, Glenwood City, WI 54013</u></p> <p>2. Daytime Telephone Number <u>(715) 977-0626</u></p> <p>3. Email Address <u>stcroixcofair@gmail.com</u></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 checked="" type="checkbox"/> Exempt Nonprofit Organization</p> <p><input type="checkbox"/> Other – Explain: _____</p>
S E L L E R	<p>PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.</p> <div style="border: 1px solid black; padding: 2px; text-align: center; margin-bottom: 10px;"> THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT – SEE INSTRUCTIONS </div> <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 <u>X X X - X X - _____</u></p> <p>8. Federal Identification Number (FEIN) <u>X X - X X X _____</u></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>

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 ****