



11333 N. Cedarburg Road
Mequon, WI 53092
Phone: 262-236-2941
Fax: 262-242-9655

www.ci.mequon.wi.us

FESTIVALS COMMITTEE
Wednesday, February 21, 2024
6:30 PM
North Conference Room

Agenda

- 1) Call to Order, Roll Call
- 2) Approval of Meeting Minutes
Action requested: review and approve
 - a. January Minutes
- 3) Music Update
- 4) Vendor Update
- 5) Applications to Review
- 6) Inflatables
- 7) Discussion
 - a. 3rd Event
- 8) Next Meeting Date and Time
 - a. March 20 at 6:30pm
- 9) Adjourn

Dated: February 21, 2024

/s/ Miranda White, Chair

Notice is hereby given that a quorum of other governmental bodies may be present at this meeting to present, discuss and/or gather information about a subject over which they have decision-making responsibility, although they will not take formal action thereto at this meeting.

Persons with disabilities requiring accommodations for attendance at this meeting should contact the City Clerk's Office at 262-236-2914, twenty-four (24) hours in advance of the meeting.

Any questions regarding this agenda may be directed to the City Administrator's Office at 262-236-2941, Monday through Friday, 8:00 AM – 4:30 PM



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FESTIVALS COMMITTEE
Wednesday, January 17, 2024
6:30 PM
North Conference Room

Minutes

1) Call to Order, Roll Call

Present:

Chair Miranda White
 Vice Chair Deanna Conaty
 Committee Member Brett Benson
 Committee Member Lisa Liljegren
 Committee Member Moshe Luchins
 Vanessa Nerbun
 Committee Member Jenne Hohn -- **Absent**
 Committee Member Tracy Johnson -- **Absent**
 Committee Member Laeh McHenry -- **Absent**
 Committee Member Christine McLean -- **Absent**

Also Present: Executive Assistant Enea

2) Approval of Meeting Minutes

a. November Minutes

RESULT: **Approved by Voice Acclamation [Unanimous]**

MOVED BY: Committee Member Liljegren

SECONDED BY: Member Conaty

AYES: White, Conaty, Benson, Liljegren, Luchins

ABSENT: Hohn, Johnson, McHenry, McLean

NOT PRESENT: Nerbun

3) Winter Wonderland Recap

The Menorah lighting was a great addition to the festival, but next year Hanukkah is 12/25-1/2. Maybe the Rabbi could speak about the upcoming Chanukkah events? The tree lighting occurred too late, needs to be moved up. Also, it was so cold, tents needed weights to stay closed. Maybe a tent with heaters could be rented or the singing could take place in the Council

Attachment: Festivals Mins 011724 (9131 : January Minutes)

Chamber next year. Paying Shully's to staff the hot chocolate station was discussed. Also, having a grocery store sponsor marshmallows to roast at the fire pits was mentioned. The Committee agreed to adjust next year's time frame to 3:30-5:30pm. Executive Assistant Enea will proceed with rebooking Santa Brian and the carriage.

4) Brainstorm for Third Event for Spring

The Committee discussed how the City always envisioned a third event to take place. It would need to take place in the Spring due to the timing of the other two events. Several ideas were discussed including: wine walk with Thiensville, art event with Foxtown, Redbud art festival, beer gardens at the Parks. Committee Member Nerbun suggested revisiting the statement of why the Committee was formed. It is a tremendous undertaking to start a new event and maybe the Committee could do it in partnership with someone.

5) Taste of Mequon Planning for 9/7

Committee Chair White discussed the work plan for Taste of Mequon and the hope is to distribute the workload so that the Committee can be more involved and organized leading up to the event. If a Committee Member is assigned a task, they will need to communicate with the Chair or Vice Chair if they are unable to complete the task. The Committee suggested adding trailer verbiage to the food truck size on the vendor application. The Committee approved the Sponsor letter and agreed that fireworks would be a nice addition moving forward because then attendees know the festival is over at the conclusion. After sending the letters, Committee Members may be asked to follow-up with sponsors that we don't hear back from. The Committee also discussed having Elite Fitness provide and manage the inflatables.

1. Approve Music

Hire Failure to Launch for \$3,500, The Panoptics for \$1,000, and the Vee Three for \$600.

RESULT: Approved by Voice Acclamation [Unanimous]

MOVED BY: Committee Member White

SECONDED BY: Nerbun

AYES: White, Conaty, Benson, Liljegren, Luchins, Nerbun

ABSENT: Hohn, Johnson, McHenry, McLean

6) Next Meeting Date and Time

A. Feb. 21 at 6:30pm

7) Adjourn

Committee Chair White moved to adjourn at 7:14 P.M. and Committee Vice Chair Conaty seconded.

Respectfully Submitted,

Carrie Enea
Executive Assistant

Vendor	Participated in 2022	Participated in 2023	Liquor License	2024	Total \$
Artist/Craftsman Vendors					
B. Divine Aromatherapy	No	No		Yes	
Beyond the Design LLC	Yes				
Black Birch	No	Yes		Yes	71.09
C Squared Wood Products	No	No			
Created by Kimberly (Sew Weird)	Yes	Yes			
JLEE Studio - Wearable Art	Yes	No			
Danielle's Designs		Yes			
Dog Gone Great LLC	Yes	Yes			
Elegant Henna Tattoo	No	Yes		Yes	71.09
Full Circle Healing Farm at MNP	Yes	No			
Hiawatha Wood LLC	Yes	Yes			
Honey Down Farm	Yes	No			
Jen's Nifty Creations	Yes	No			
Jimmies Dog Gone Treats	Yes	Yes		Yes	71.09
Lake Country Growers		Yes		Yes	71.09
MB By Design	Yes	No			
Prairie Junction Farms		Yes			
The Prpl Swan	Yes	Yes		Yes	71.09
Tobin Jewelers	Yes	Yes			
With My Whole Heart		Yes			
Total Artist/Craftsman Vendors	13	12		6	
Non-Food Beverage Vendors					
Advanced Wildlife & Pest Control	Yes	Yes			

Alliance Realty/Pet Pictures		Yes			
Alme Design Co.		Yes			
Alzheimer's Assoc. of Wisconsin	Yes	No			
Board & Brush	Yes	Yes			
Cricket Academy	Yes				
FIFTH-MAIN		Yes			
Fred Astaire Dance Studio		Yes			
Gathering on the Green/Froedert		Yes			
Let's Celebrate	Yes	Yes			
Mequon Community Foundation	Yes	Yes			
Mequon Thiensville Chamber of Commerce	Yes	Yes			
M-T Education Foundation	Yes	Yes			
Mequon Thiensville Historical Society	Yes	Yes		Yes	
Missing Links	Yes	No			
Christ Alone Evangelical Lutheran Church	Yes	Yes			
BE Martial Arts, LLC	Yes	Yes			
Renewal by Andersen		No			
Shorewest Realty		Yes			
Sovereign Select Insurance Solutions		Yes		Yes	118.48

StretchLab		Yes			
Knowledge Edge		No			
Little Sprouts Play Café	Yes	No			
Winkie's	Yes	Yes			
MATC Mequon		Yes		Coming	
Mathnasium of Mequon	Yes	No			
Total Non-Food/Beverage Vendors	15	19		2	
Food Beverage Vendors					
Appe Thai	Yes	Yes			
Blue Cow Creperie	Yes	No			
MIL-WOK-EE Asian Street Food	Yes	Yes			
Cocoa Tree Confectionery (Gelato)	Yes	No			
Dr Dawg	No	Yes			
Falafel Guys, LLC	Yes	Yes			
Flip's Mini Donuts	No	No		Yes	
Foxtown Brewing	Yes	Yes			
Frankies Food Truck (Caribbean & BBQ)	Yes	Yes			
glaze, LLC	Yes	Yes			
Greek Street Eats		Yes			
Happy Dough Lucky		No			
Immy's African Cuisine	Canceled	Yes			
Jandy's Base Camp				Interested	

Julie's Blue Ribbon Cookies		Yes			
Kha Sushi Land	Yes	Yes			
La Empanada				Interested	
Leonardo's Pizza	Yes	Yes			
Mequon-Milwaukee Diversity Rotary Club	Yes	Yes			
Pete's Pops	Yes	Yes			
S & T Cuisine		Yes		Yes	236.97
Say Cheese Curd Company	Yes	No		Yes	
Sendik's	Yes	Yes			
SIP MKE	Yes	Yes			
Stilt House	No	Canceled day of			
Strolling Donuts	Yes	Yes			
Sunrise Acai Bowls	No	Yes			
T. BEST Kettle Corn Co.	Yes	Unable to Attend			
That Taco Guy	Yes	Yes		Yes	236.97
The Cheel	Yes	Yes			
The Ladle Lady	No	Yes		Yes	142.18
Baaree	Yes	Yes			
Daily Taco & Cantina	Yes	Yes			
eeat.us	Yes	Yes			
The Nutman Company USA, Inc.	Yes	Yes			

The Ruby Tap	Yes	Yes			
The Smokin' C's BBQ	No	Yes			
Thiensville-Mequon Lion's Club	Yes	Yes			
Tots on the Street	No	Yes			
Uyghur Grill	Yes	Yes		Yes	142.18
Wan's Thai Cuisine				Yes	
Weathers Juice Lab	No	Yes			
Wisconsin Fried Cheese Curds				Yes	
Yummy Bones	Yes	No			
Total Food/Beverage Vendors	27	32		8	1232.23



Saturday, September 7, 2024
NOON – 9:00 PM

ARTIST/CRAFTSMAN/FARMER'S MARKET
JURY APPLICATION

Application Deadline: August 16, 2024

VENDOR INFORMATION

Name of Vendor/Business:

B. Divine Aromatherapy

Name of Contact Person:

Bethany Unger

Phone # of Contact Person:

414-339-2040

Address:

2350 N 82nd st

City/State/Zip:

Wauwatosa, WI 53213

(Required)

E-Mail:

beth@bdivearoma.com

(Required)

Name of Emergency Contact Person:

Bryce Unger

(Required)

Phone # Emergency Contact Person:

414-614-5340

VENDOR SPACE FEE

SPACE REQUIREMENT: (✓ appropriate space size)

Space Size	Before June 28	Check Appropriate Box (✓)	After June 28	Check Appropriate Box (✓)
10 x 10	\$75	X	\$125	
10 x 20	\$125		\$175	

Total Due 75.00

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
11333 N. Cedarburg Road
Mequon, WI 53092
Attn: Carrie Enea, Executive Assistant
Fax: 262-242-9819
E-Mail: cenea@ci.mequon.wi.us

Questions? Please call Carrie Enea, Mequon City Hall (262) 236-2941. Applicant will receive an email within 14 business days of submittal 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: *Bethany Unger* Date: _____
_____ 01/25/2024 _____

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 17, 2024



ARTIST/CRAFTSMAN/FARMER'S MARKET VENDOR GUIDELINES

- Set up is between 9:00 AM – 11:30 AM on the day of the festival. Setup is not permitted prior to 9:00 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 event.
- ➔ • **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 worn 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.ci.mequon.wi.us) 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 18, 2023

Wisconsin Temporary Event Operator and Seller Information

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

Instructions on reverse side.

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PART A: Event Information: To be completed by the operator of the temporary event

1. Name of Temporary Event TASTE OF MEQUON
2. Date(s) of Temporary Event SEPTEMBER 7, 2024
3. Location of Temporary Event (e.g., Venue, City) MEQUON, WI

PART B: Operator Information: To be completed by the operator of the temporary event

1. Name and Address CITY OF MEQUON
11333 N. CEDARBURG ROAD, WI 53092
2. Daytime Telephone Number (262) 236-2941
3. Email Address cenea@ci.mequon.wi.us
4. Wisconsin Tax Account Number 0 3 6 - 1 0 2 0 4 2 1 1 8 6 - 0 4
If blank, check appropriate box:
☐ No Taxable Sales ☐ Exempt under Occasional Sales Rule ☐ Exempt Nonprofit Organization
☒ Other – Explain: EXEMPT LOCAL GOVERNMENT

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PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.

THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT – SEE INSTRUCTIONS

1. Legal Name Bethany Unger
2. Business Name B. Divine Aromatherapy
3. Address (Street or Route) 2350 N 82nd st
4. City, State and Zip Code Wauwatosa, WI 53213
5. Home Telephone Number () 414-339-2040
Business Telephone Number () 414-339-2040
6. Wisconsin Tax Account Number 456 - 1028551997 - 02
7. Social Security Number X X X - X X - 4702
8. Federal Identification Number (FEIN) X X - X X X 0832
9. Check one box indicating the type of activity you intend to engage in at this event:
☒ Selling Taxable Merchandise or Service ☐ Display Only
☐ Selling Exempt Merchandise or Service ☐ Exempt under Occasional Sales Rule
☐ Direct Sellers, Company Name _____ ☐ Nonprofit Organization

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: Bethany Unger

Signature: *Bethany Unger*

Date: 01/25/2024

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.



B.DIVINE
AROMATHERAPY

*Natural products
for your well-being*

- Handmade
- Nature's Best
- Based on Science
- Expertly Crafted
- Elevate your Wellbeing
- Cruelty Free

*Created by a scientist
&
Certified aromatherapist*

Specializing in the Science of
Aromatherapy

Wellness Shop • Natural Products • Organic Oils
www.bdivinearoma.com

Attachment: BDivineAroma Booth Image (9138 : B Divine Aromatherapy)







Saturday, September 7, 2024
NOON – 9:00 PM

NON-FOOD/BEVERAGE VENDOR
APPLICATION Application Deadline: August 16, 2024

VENDOR INFORMATION

Name of Vendor/Business:

Sovereign Select LLC

Name of Contact Person:

Anna Penkwitz

Phone # of Contact Person:

262-641-4111

Address:

1339 W Mequon Rd

City/State/Zip:

Mequon, WI 53092

(Required)

E-Mail:

anna@sovselect.com

(Required)

Name of Emergency Contact Person:

Brianna Thompson

(Required)

Phone # Emergency Contact Person:

414-326-6955

VENDOR SPACE FEE AND SPACE REQUIREMENT (✓ appropriate space size)

Space Size	Before June 28	Check Appropriate Box (✓)	After June 28	Check Appropriate Box (✓)
10 x 10	\$125	✓	\$175	
10 x 20	\$200		\$250	

Total Due \$ **125**

Total Due \$

The vendor space fee is non-refundable. Please make check payable to: City of Mequon



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



LIST ITEMS YOU WILL BE SELLING OR ACTIVITY YOU WILL HAVE

We will be displaying and distributing marketing material for our free Medicare services.

PLEASE NOTE MEQUON FESTIVALS BUSINESS POLICY: Businesses/non-profit organizations that do not sell, provide festival-related goods/services, or an approved children's activity are required to pay \$200 toward the Committee's cost of a children's entertainer. Said entertainer shall share your tent, with the express purposes of promoting your business/organization and providing interactive entertainment for the festival.

ELECTRICAL OUTLETS REQUIRED: (✓ required number of outlets)

In an effort to best accommodate the needs of all our vendors it would be helpful for you to indicate the number of outlets necessary to run your operation. All outlets are 20 amps.

A maximum of three outlets will be available per vendor. Please select (✓) the number of outlets you will require below. The first outlet is complimentary, each additional is \$25.

1 outlet	✓
2 outlets	
3 outlets	

APPLICATION CHECKLIST

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

- ✓ Completed application
- _____ 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
- _____ Picture of Booth Set-up (First-time vendors only)
- _____ License Plate Number **AEM-7434**

SEND COMPLETED APPLICATION AND FORMS TO:

Mequon City Hall
 11333 N. Cedarburg Road
 Mequon, WI 53092
 Attn: Carrie Enea, Executive Assistant
 Fax: 262-242-9819
 E-Mail: cenea@ci.mequon.wi.us

Questions? Please call Carrie Enea, Mequon City Hall (262) 236-2941

The undersigned applicant agrees:

- 1) To adhere to the ***Taste of Mequon*** guidelines as provided in the food/beverage 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: 01/23/2024

Approved: January 17, 2024



**Saturday, September 7, 2024
NOON – 9:00 PM**

NON-FOOD/BEVERAGE VENDOR
APPLICATION Application Deadline: August 16, 2024

VENDOR INFORMATION

Name of Vendor/Business:

Wan's Thai Cuisine

Name of Contact Person:

Vantane Quake

Phone # of Contact Person:

414 - 803-0866

Address:

5135 W. Wells St

City/State/Zip:

Milwaukee WI 53208

(Required)

E-Mail:

Vkhanamphak@yahoo.com

(Required)

Name of Emergency Contact Person:

Matt Quake

(Required)

Phone # Emergency Contact Person:

414 - 534-0599

VENDOR SPACE FEE AND SPACE REQUIREMENT (✓ appropriate space size)

Space Size	Before June 28	Check Appropriate Box (✓)	After June 28	Check Appropriate Box (✓)
10 x 10	\$125	☒	\$175	☐
10 x 20	\$200	☐	\$250	☐

Total Due \$ *125*

Total Due \$ _____

The vendor space fee is non-refundable. Please make check payable to: City of Mequon

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

Attachment: Wan's Thai Cuisine (9136 : Wan's Thai Cuisine)

LIST ITEMS YOU WILL BE SELLING OR ACTIVITY YOU WILL HAVE

Chicken egg rolls	3	For \$ 7
Crab Rangoon	3	For \$ 5
Chicken Satay w/ Peanut Sauce	3	For \$ 10
Shrimp Fresh Spring Rolls	2	For \$ 9
Shrimp Pot stickers	3	For \$ 5
Chicken Fried Rice		\$ 10
Shrimp Pad Thai		\$ 13
Chicken Panang w/ Jasmine Rice		\$ 12
Chicken Green Curry w/ Jasmine Rice		\$ 12
Combo plate plate Fried rice, 1 egg, 2 crab rangoon		\$ 15
Thai iced tea		\$ 6

➔ **PLEASE NOTE MEQUON FESTIVALS BUSINESS POLICY:** Businesses/non-profit organizations that do not sell, provide festival-related goods/services, or an approved children's activity are required to pay \$200 toward the Committee's cost of a children's entertainer. Said entertainer shall share your tent, with the express purposes of promoting your business/organization and providing interactive entertainment for the festival.

ELECTRICAL OUTLETS REQUIRED: (✓ required number of outlets)

In an effort to best accommodate the needs of all our vendors it would be helpful for you to indicate the number of outlets necessary to run your operation. All outlets are 20 amps.

A maximum of three outlets will be available per vendor. Please select (✓) the number of outlets you will require below. The first outlet is complimentary, each additional is \$25.

1 outlet	
2 outlets	
3 outlets	✓

APPLICATION CHECKLIST

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

- ✓ Completed application
- ✓ 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
- ✓ Picture of Booth Set-up (First-time vendors only)
- License Plate Number _____

SEND COMPLETED APPLICATION AND FORMS TO:

Mequon City Hall
 11333 N. Cedarburg Road
 Mequon, WI 53092
 Attn: Carrie Enea, Executive Assistant
Fax: 262-242-9819
E-Mail: cenea@ci.mequon.wi.us

Questions? Please call Carrie Enea, Mequon City Hall (262) 236-2941

The undersigned applicant agrees:

- 1) To adhere to the ***Taste of Mequon*** guidelines as provided in the food/beverage 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: Vyrtanex Ounhe Date: 2/4/2024

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: Wan's Thai Cuisine

Signed by: Vantane Quade

Vantane Quade (Print name)

owner (Print Title)

Instructions

TAB through to navigate. Use mouse to check applicable boxes, press spacebar, or press Enter.

Save



Clear

Wisconsin Temporary Event Operator and Seller Information

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

Instructions on reverse side.

EVENT OPERATOR	PART A: Event Information: To be completed by the operator of the temporary event
	1. Name of Temporary Event <u>TASTE OF MEQUON</u>
	2. Date(s) of Temporary Event <u>SEPTEMBER 7, 2024</u>
	3. Location of Temporary Event (e.g., Venue, City) <u>MEQUON, WI</u>
	PART B: Operator Information: To be completed by the operator of the temporary event
	1. Name and Address <u>CITY OF MEQUON</u> <u>11333 N. CEDARBURG ROAD, WI 53092</u>
	2. Daytime Telephone Number <u>(262) 236-2941</u>
	3. Email Address <u>cenea@ci.mequon.wi.us</u>
	4. Wisconsin Tax Account Number <u>0 3 6 - 1 0 2 0 4 2 1 1 8 6 - 0 4</u> If blank, check appropriate box: ☐ No Taxable Sales ☐ Exempt under Occasional Sales Rule ☐ Exempt Nonprofit Organization ☒ Other – Explain: <u>EXEMPT LOCAL GOVERNMENT</u>
	PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.
THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT – SEE INSTRUCTIONS	
1. Legal Name <u>Vantanee Quade</u>	
2. Business Name <u>Wan's Thai Cuisine</u>	
3. Address (Street or Route) <u>5135 W. Wells St</u>	
4. City, State and Zip Code <u>Milwaukee WI 53208</u>	
5. Home Telephone Number <u>(414) 803-0866</u> Business Telephone Number <u>(414) 803-0866</u>	
6. Wisconsin Tax Account Number <u>456-1024529972-03</u>	
7. Social Security Number <u>XXX - XX - 2418</u>	
8. Federal Identification Number (FEIN) <u>XXX - XXX</u>	
9. Check one box indicating the type of activity you intend to engage in at this event: ☒ Selling Taxable Merchandise or Service ☐ Display Only ☐ Selling Exempt Merchandise or Service ☐ Exempt under Occasional Sales Rule ☐ Direct Sellers, Company Name _____ ☐ Nonprofit Organization	

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:

Packet Pg. 24

Attachment: Wan's Thai Cuisine (9136 : Wan's Thai Cuisine)



Attachment: Wan's Thai Cuisine (9136 : Wan's Thai Cuisine)

359475

TEMPORARY FOOD DEALER - RESTAURANT

TEMPFDREST - 0005218

EFF DATE: 03/02/2024 EXP DATE: 03/01/2025



city clerk
www.milwaukee.gov/license

VANTANEE QUADE
 WAN'S THAI CUISINE
 5135 W WELLS ST
 MILWAUKEE, WI 53208-3037

ALDERMANIC DISTRICT 10

Food Est Num: 5218

City Hall - Room 105 - 200 East Wells Street - Milwaukee, WI 53202-3570 - Phone (414) 286-2238 - Fax (414) 286-3057
 Email: license@milwaukee.gov - Website: www.milwaukee.gov/license



city of milwaukee
www.milwaukee.gov/license



city clerk

license required to be displayed or carried

EXPIRATION DATE: 03/01/2025
 LIC. NO: TEMPFDREST 0005218
 LICENSE: TEMPORARY FOOD DEALER -
 RESTAURANT
 VANTANEE QUADE
 WAN'S THAI CUISINE
 5135 W WELLS ST
 MILWAUKEE, WI 53208-3037

Attachment: Wan's Thai Cuisine (9136 : Wan's Thai Cuisine)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/02/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER State Farm 		CONTACT MAGGIE PHONE 262-647-6281 FAX (AG, Hst) E-MAIL MAGGIE.BRINGA.J480@STATEFARM.COM ADDRESS:	
MAGGIE BRINGA STATE FARM INS. AGENCY INC. 2315 Badger Dr #A WAUKESHA, WI 53188		INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company NAIS # 26143 INSURER B: ☐ INSURER C: ☐ INSURER D: ☐ INSURER E: ☐ INSURER F: ☐	
INSURED VANTANEE QUADE DBA WAN'S THAI CUISINE 5136 W WELLS ST MILWAUKEE WI 53208-3037			

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:																																			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																																							
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? ☐ If yes, describe under DESCRIPTION OF OPERATIONS below.	Y/N	N/A																																				
<table border="1"> <thead> <tr> <th colspan="2">LIMITS</th> </tr> </thead> <tbody> <tr> <td>EACH OCCURRENCE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Per occurrence)</td> <td>\$ 300,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td>\$ 5,000</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td>\$ 1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td>\$ 2,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td>\$ 2,000,000</td> </tr> <tr> <td>COMBINED SINGLE LIMIT (Per accident)</td> <td>\$</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td>\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td>\$</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td>\$</td> </tr> <tr> <td>EACH OCCURRENCE</td> <td>\$</td> </tr> <tr> <td>AGGREGATE</td> <td>\$</td> </tr> <tr> <td>PER STATUTE</td> <td>ON</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </tbody> </table>						LIMITS		EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Per occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000	COMBINED SINGLE LIMIT (Per accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	EACH OCCURRENCE	\$	AGGREGATE	\$	PER STATUTE	ON	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER _____	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.
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Attachment: Wan's Thai Cuisine (9136 : Wan's Thai Cuisine)



**Saturday, September 7, 2024
NOON – 9:00 PM**

FOOD/BEVERAGE VENDOR APPLICATION
Application Deadline: August 16, 2024

VENDOR INFORMATION

Name of Vendor/Business:

Flip's Mini Donuts

Name of Contact Person:

Nick Westphal

Phone # of Contact Person:

262 689 8635

Address:

6025 Old Farm Ln

City/State/Zip:

West Bend WI 53095

Food Trucks: What window do you use to provide service?

Passenger side

(Required)

E-Mail:

eat@flipsmini donuts.com

(Required)

Name of Emergency Contact Person:

Tori Westphal

(Required)

Phone # Emergency Contact Person:

262 339 2329

VENDOR SPACE FEE AND SPACE REQUIREMENT (✓ appropriate space size)

Space Size	Before June 28	Check Appropriate Box (✓)	After June 28	Check Appropriate Box (✓)
10 x 10	\$150		\$200	
10 x 20	\$250		\$300	
Food Truck <i>Trailer</i>	\$250	✓	\$300	

Total Due \$ *250*

Total Due \$ _____

The vendor space fee is non-refundable. Please make checks payable to: City of Mequon



- **All vendors must be setup by 11:30 AM.**

If bringing a food truck trailer please provide the size: *10 x 20*

ITEMS YOU WILL BE SELLING

Item(s) for Sale	
Food	✓
Wine	
Beer	

List all food & beverage menu items:

Mini Donuts in a Variety Flavors
Hot & Cold Brew Coffee
Hot Chocolate, Tea, Water
Lemonade

EVENT LICENSES

Temporary Restaurant License/Mobile Restaurant License (Food Trucks)

In order to participate, a current *Temporary Restaurant License* is required. For information on obtaining a temporary restaurant license, contact the Washington Ozaukee Public Health Department at:

Washington County Office
333 E. Washington Street, Suite 1100
West Bend, WI 53095
(262) 335-4462

Ozaukee County Office
121 W. Main Street
Room #246
Port Washington, WI 53074
(262) 284-8170

Washington or Ozaukee Counties Only

For vendors not traveling outside of Washington or Ozaukee Counties, contact the Washington Ozaukee County Public Health Department for a Temporary Food License.

Contact:

Mark Carlson R.E.H.S.
Environmental Health Specialist

Washington Ozaukee Public Health Department
121 Main Street Room 246
Port Washington, WI 53074
262.284.8170
Mark.Carlson@washozwi.gov
website: washozwi.gov

Vendors selling pre-packaged items to take home (such as jams, honey, baked goods, sauces, cheese) must provide proof of exemption for sale of pre-packaged non-potentially hazardous foods.

Liquor License/Bartender License

For information about obtaining a liquor and bartender license, please contact Mequon City Hall, City Clerk's office (262) 236-2914. **Deadline to apply for a liquor license/ bartender license is Wednesday, July 17, 2024.**



Bag - Mini Donuts

Classic Cinnamon Sugar

8.00

Powdered Sugar

8.00

Combo Bag

9.00

Bonus Box - Mini Donuts

Classic Cinnamon Sugar

21.00

Powdered Sugar

21.00

Combo Box

22.00

Flip's Dippin Donuts

MAPLE DIPPERS

9.00

Vanilla Mini Dippers

9.00

Chocolate Mini Dippers

9.00

Cup of Frosting

2.00

Beverages

Lemonade

3.00

Bottled Water

3.00

Hot Chocolate

4.00

Cold Brew Coffee

5.00

Hot Coffee

4.00

Black Tea

4.00

Coffee Flavors

French Vanilla - Irish Cream - Mocha

Caramel - Chocolate - Hazelnut

Pumpkin Spice





Attachment: IMG_7519 (9139 : Flip's Donuts)



**Saturday, September 7, 2024
NOON – 9:00 PM**

FOOD/BEVERAGE VENDOR APPLICATION
Application Deadline: August 16, 2024

VENDOR INFORMATION

Name of Vendor/Business:

Wisconsin Fried Cheese Curds™

Name of Contact Person:

David Hofer

Phone # of Contact Person:

414-759-3170

Address:

8632 w Stuth Ave

City/State/Zip:

West Allis, WI 53227

Food Trucks: What window do you use to provide service?

(Required)

E-Mail:

WisconsinFriedCheeseCurds@yahoo.com

(Required)

Name of Emergency Contact Person:

Sanita Hofer

(Required)

Phone # Emergency Contact Person:

414-210-1425

VENDOR SPACE FEE AND SPACE REQUIREMENT (✓ appropriate space size)

Space Size	Before June 28	Check Appropriate Box (✓)	After June 28	Check Appropriate Box (✓)
10 x 10	\$150	✓	\$200	
10 x 20	\$250		\$300	
Food Truck	\$250		\$300	

Total Due \$ 150

Total Due \$ 150

The vendor space fee is non-refundable. Please make checks payable to: City of Mequon

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

If bringing a food truck/trailer, please provide the size: _____

ITEMS YOU WILL BE SELLING

Item(s) for Sale	
Food	✓
Wine	
Beer	

List all food & beverage menu items:

- Wisconsin Fried Cheese Curds™
- Raw (Not Fried) Cheese Curds
- Grilled Cheese Sandwiches (Regular or with Bacon)
- Giant Chocolate Chip Cookies
- Lemonade Freeze Slushies
- Bottled Water

EVENT LICENSES

Temporary Restaurant License/Mobile Restaurant License (Food Trucks)

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City of Mequon ● 11333 N. Cedarburg Road ● Mequon, WI 53092

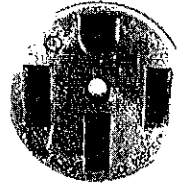
ELECTRICAL OUTLETS REQUIRED: (✓ required number of outlets)

In an effort to best accommodate the needs of all our food vendors it would be helpful for you to indicate the number of outlets necessary to run your operation. All outlets are 20 amps.

A maximum of three outlets will be available per vendor. Please select (✓) the number of outlets you will require below.

1 outlet	✓	✓
2 outlets	✓	✓
3 outlets	✓	✓

We actually need six outlets with each outlet on it's own dedicated circuit. Otherwise, we use a NEMA 14-50 outlet.



Electricity is available for food trucks in most areas of the festival grounds. Due to noise, it is preferred for generators not to be used unless otherwise deemed necessary by Festival staff.

FIRE SAFETY INSPECTION

The Southern Ozaukee Fire Department will be inspecting all food vendors that are engaged in cooking operations. All vendors must pass a pre or day of Fire Safety Inspection to participate.

Mobile food preparation facilities such as "Food Trucks or Trailers" may contact Deputy Chief Kurt Zellmann for a pre-event inspection to prevent any day of event issues or answer any questions in advance.

Tent cooking operations (non-vehicle based) may also contact Deputy Chief Zellmann in advance of the event to discuss any operations and ensure pre-determined compliance with equipment, clearances and fire suppression requirements or equipment.

Deputy Chief Kurt Zellmann
kzellman@ci.mequon.wi.us
 Phone: 414-254-0369

COOKING EQUIPMENT

Indicate # of LP gas tanks you will use. Zero

Will you be using a charcoal grill? Yes No ✓

APPLICATION CHECKLIST

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

- ✓ Completed application
- ✓ Check for space fee (payable to City of Mequon)
- ✓ Certificate of Insurance
- ✓ Completed S-240 Wisconsin Temporary Event Operator and Seller Information
- Completed Release and Hold Harmless for Vendor Form
- Coming later in 2024 Copy of Temporary Restaurant License/Mobile Restaurant License (Food Truck)
- ✓ A list of menu items with prices
- ✓ License Plate Number SC5307

SEND COMPLETED APPLICATION AND FORMS TO:

Mequon City Hall
 11333 N. Cedarburg Road
 Mequon, WI 53092
 Attn: Carrie Enea, Executive Assistant
 Fax: 262-242-9819
 E-Mail: cenea@ci.mequon.wi.us

Questions? Please call Carrie Enea, Mequon City Hall (262) 236-2941.

The undersigned applicant agrees:

- 1) To adhere to the ***Taste of Mequon*** guidelines as provided in the food/beverage 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: David J. Hefner Wisconsin Fried Cheese Curds™, Owner Date: January 24, 2024

For Office Use Only:

Date Application Received: _____ Date Vendor Space Fee Paid: _____
 Date Release and Hold Harmless For Vendor-Participants Form Received: _____
 Date Certificate of Insurance Received: _____ Date Form S-240 Received: _____
 Date Copy of Temporary Restaurant License Received: _____
 Emergency Information Recorded: _____

Approved: January 17, 2024



FOOD/BEVERAGE VENDOR GUIDELINES

- ➔
- **All vendors must be setup by 11:30 AM.**
 - A WI Seller's Permit Number is required from vendors selling a product(s).
 - Electricity is limited to certain areas of the festival grounds. No private generators are allowed, unless previously authorized by the Mequon Festivals Committee.
 - A fire safety inspection is required by the Southern Ozaukee Fire Department.
 - Vendors must remain in booth space.
 - Setup is between 9:00 AM – 11:30 AM on Cedarburg Road in front of Mequon City Hall. Setup is not permitted prior to 9:00 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 event.
 - Set-up must be completed by 11:30 AM and booths must be staffed from noon to event close at 9:00 PM.
 - At 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.
 - No early breakdowns. Breakdown is after 9:00 PM.
 - All vendors are responsible for liability within their space as well as any loss, theft or damage.
 - Appropriate dress is required, shirts and footwear must be worn at all times.
 - Vendors are responsible for their own insurance.
 - All licenses must be posted within the vendor's booth during the event.

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.

Certificate of Insurance

A valid and in-force **Certificate of Insurance** naming the City of Mequon as additionally insured and evidencing the following coverage must be provided with application in order to participate:

- General Liability in the minimum aggregate amount of \$1,000,000, **and on which certificate is listed the City of Mequon as an additional insured;**
- Automobile liability in the minimum aggregate coverage of \$1,000,000;
- Workers Compensation.

City of Mequon ● 11333 N. Cedarburg Road ● Mequon, WI 53092

What to Bring to the Event

To ensure a successful event setup, please refer to the *Taste of Mequon Food Vendor Checklist* provided with the application package.

- Duct tape to secure electrical cords
- Fire extinguisher
- Vendor must provide their own tent, table and chairs
- A clamp light with a fluorescent or LED blub for lighting and an extension cord for the light. Electricity will be provided for the light.
- Hand washing setup with hot water
- Paper toweling
- Gloves
- Hair restraints
- ➔ • A 10 or 12 gauge extension cord for every outlet you will need. Length of cord (50' or 100') will depend on how far away you are located from an outlet. A common household extension cord is not acceptable.

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.ci.mequon.wi.us) 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 17, 2024



SPECIALTY CERTIFICATE OF LIABILITY INSURANCE

INSURANCE AGENCY

 DATE
(MM/DD/YYYY)
01/27/2024

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Specialty Insurance Agency Vendors of the U.S. 3432 Denmark Ave #231 Eagan, MN 55123		Contact Name: Heather Weiss Zenzen Phone: 715-246-8908 FAX: 715-246-8908 Email: certs@specialtyinsuranceagency.com	
INSURED VENDORS OF THE U.S. AND ITS PARTICIPATING MEMBERS: Wisconsin Fried Cheese Curds c/o David Hofer 8632 West Stuth Avenue West Allis, WI 53227		INSURERS AFFORDING COVERAGE	
		NAIC #	
		INSURER A: Evanston Insurance Company 35378	
		INSURER B:	
		INSURER C:	
		INSURER D:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC	X	X	2CN0179-10890	01/29/2024	01/28/2025	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 5,000,000
A	BUSINESS PERSONAL PROPERTY - INLAND MARINE			2CN0179-10890	01/29/2024	01/28/2025	AGGREGATE	\$ 25,000
A	SEXUAL ABUSE AND MOLESTATION ☐ OCCUR						EACH OCCURRENCE	\$
							AGGREGATE	\$
A	DATA BREACH AND CYBER LIABILITY COVERAGE						AGGREGATE	\$
A	EQUIPMENT LEASED OR RENTED						AGGREGATE	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 VENDOR IS A NAMED INSURED AS A MEMBER OF VENDORS OF THE U.S.:

Wisconsin Fried Cheese Curds c/o David Hofer
 Additional Insured: Taste of Mequon; City of Mequon;

Email: sbgreen3@gmail.com, cenea@ci.mequon.wi.us Attn: Carrie Enea Event Dates: 09/07/2024 - 09/07/2024 Includes Setup And Teardown
 Insured for sales of: Deep fried cheese curds; grilled cheese sandwiches; pretzels, prepackaged foods; pickles, raw cheese curds, cookies, soda, water; smoothies & slushies; hot chocolate; hot cider; hot tea; hand and toe warmers; other miscellaneous food items; other miscellaneous trinkets and souvenirs.
 Permanent storefront exclusion applies.

CERTIFICATE HOLDER

Taste of Mequon
 11333 N. Cedarburg Road
 Mequon, WI 53092

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Heather Weiss Zenzen

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	PART A: Event Information: To be completed by the operator of the temporary event	
	1. Name of Temporary Event	<u>Taste of Mequon</u>
	2. Date(s) of Temporary Event	<u>September 7, 2024</u>
	3. Location of Temporary Event (e.g., Venue, City)	<u>11333 N. Cedarburg Road</u>
	PART B: Operator Information: To be completed by the operator of the temporary event	
	1. Name and Address	_____
	2. Daytime Telephone Number	<u>(262) 236-2941</u>
	3. Email Address	<u>cenea@ci.mequon.wi.us</u>
	4. Wisconsin Tax Account Number	_____ - _____
	If blank, check appropriate box:	
☐ No Taxable Sales	☐ Exempt under Occasional Sales Rule	☐ Exempt Nonprofit Organization
☐ Other - Explain: _____		
S E L L E R	PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.	
	THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT - SEE INSTRUCTIONS	
	1. Legal Name	<u>DAVID HOFER</u>
	2. Business Name	<u>WISCONSIN FRIED CHEESE CURDS™</u>
	3. Address (Street or Route)	<u>8632 W STUTH AVE</u>
	4. City, State and Zip Code	<u>WEST ALLIS, WI 53227</u>
	5. Home Telephone Number	<u>(414) 759-3170</u>
	Business Telephone Number	<u>(414) 759-3170</u>
	6. Wisconsin Tax Account Number	<u>0 0 4 - 0 0 0 0 0 4 9 9 5 8 - 0 1</u>
	7. Social Security Number	<u>X X X - X X -</u>
8. Federal Identification Number (FEIN)	<u>X X - X X X 9 6 2 4</u>	
9. Check one box indicating the type of activity you intend to engage in at this event:		
☒ Selling Taxable Merchandise or Service	☐ Display Only	
☐ Selling Exempt Merchandise or Service	☐ Exempt under Occasional Sales Rule	
☐ Direct Sellers, Company Name	☐ Nonprofit Organization	

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: DAVID HOFER

Signature: David J. Hofer

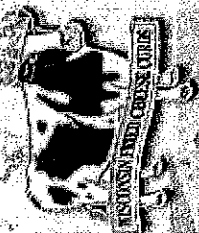
Date: January 26, 2024

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/tmevent.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.

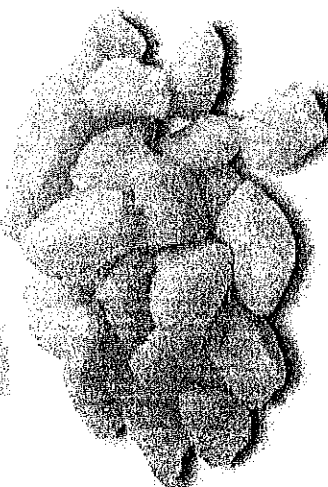
**** Do not email event reports to maintain confidentiality of seller information ****

Wisconsin Fried Cheese Curds™

TM



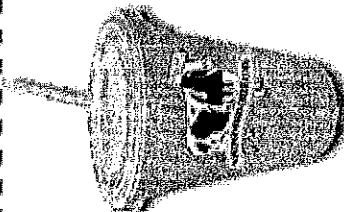
Wisconsin Fried
Cheese Curds™
\$9.50



Fresh (Raw)
Cheese Curds
\$5.50



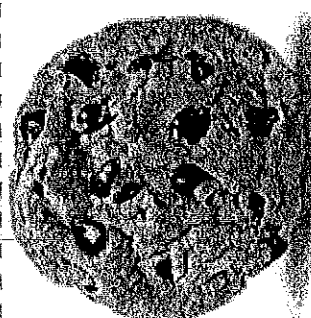
Grilled Cheese:
• Regular: \$5.50
• with Bacon: \$7.00



Lemonade Freeze Slushies
\$4.00/\$5.00/\$6.00



Cold Canned Soda &
Bottled Water
\$2.00



Giant Chocolate Chip Cookies
\$4.00



www.WisconsinFriedCheeseCurds.com

Attachment: WI Fried Cheese Curds (9135 : WI Fried Cheese Curd Application)





C/O David Hofer
8632 W. Stuth Ave
West Allis, WI 53227

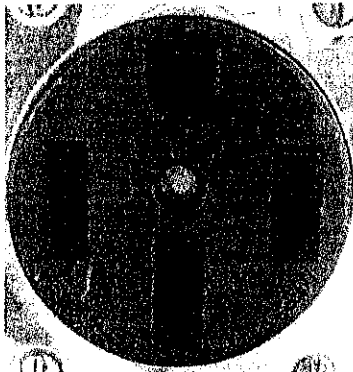
Wisconsin Fried Cheese Curds™

Cheeses, Meats & Treats

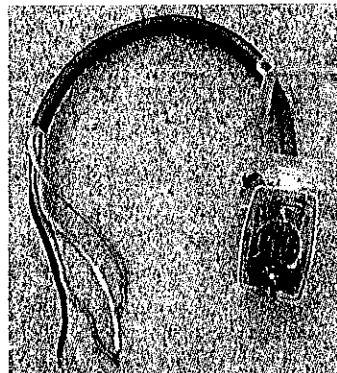
414-759-3170
WisconsinFriedCheeseCurds@yahoo.com
www.WisconsinFriedCheeseCurds.com

Our Electricity Requirements:

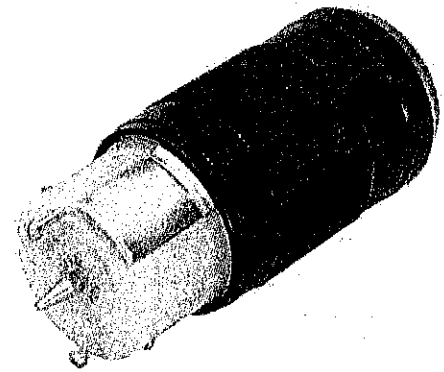
We utilize all electricity within our booth with our own electrical box—no open flames, no gas. This electrical box uses a 50-amp single-phase connection (RV-type or new style appliance plug, NEMA 14-50R (as shown below on the left) or twist-lock, CS6364 (LL550P) (shown below on the right)). We prefer to be plugged in with a 50-amp connection, but if it is not available, we can plug in with two 30-amp plugs, NEMA TT-30. If neither the 50-amp or 30-amp plugs are available, we can be directly hard-wired into an electric source with a minimum 50-amp fuse by use of a pigtail whip (shown below in the center). If none of these options are available, we can resort to a lot of extension cords as long as there are at least **eight 20-amp** electrical connections within 15 feet of our space; this method is not preferred! (We need at least eight dedicated circuits to prevent circuit popping with this last method.)



NEMA 14-50R Plug type



Pigtail Whip



LL550C CS6364

Carrie Enea

From: Douglas Mathison <doug.saycheesewi@gmail.com>
Sent: Friday, January 26, 2024 8:29 AM
To: Carrie Enea
Subject: Say Cheese Curd Co-Paperwork

Morning Carrie,

Paperwork I owed you -



Saturday, September 9, 2023
 NOON - 9:00 PM

FOOD/BEVERAGE VENDOR APPLICATION

Application Deadline: June 2, 2023

VENDOR INFORMATION

Name of Vendor/Business:
 Say Cheese Curd Company

Name of Contact Person: Doug Mathison Phone # of Contact Person: (612) 816-0339

Address: 13701 Cherry Lane City/State/Zip: Green Lake, WI 54941

Food Trucks: What window do you use to provide service? Driver Side Window

(Required)
 E-Mail: Doug

(Required)
 Name of Emergency Contact Person: Stacey Mathison (Required)
 Phone # Emergency Contact Person: (126) 281-8491

VENDOR SPACE FEE AND SPACE REQUIREMENT (x appropriate space size)

Space Size	Before June 2	Check Appropriate Box (v)	After June 2	Check Appropriate Box (v)
10 x 10	\$150		\$200	
10 x 20	\$250		\$300	
Food Truck	\$250	☒	\$300	

Total Due \$ 250

Total Due \$

The vendor space fee is non-refundable. Please make checks payable to: City of Mequon

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

City of Mequon • 11333 N. Cedarburg Road • Mequon, WI 53092

Attachment: Say Cheese Curd Co (9134 : Say Cheese Curd Application)

ITEMS YOU WILL BE SELLING

List pre-packaged items:

Item	Yes	No
Food	☒	☐
Wine	☐	☐
Beer	☐	☐

Beer: yes yes yes yes yes yes

Food: yes yes yes yes yes yes

Wine: yes yes yes yes yes yes

Beer: yes yes yes yes yes yes

EVENT LICENSES

Temporary Restaurant License/Mobile Restaurant License (Food Trucks)

In order to participate, a current *Temporary Restaurant License* is required. For information on obtaining a temporary restaurant license, contact the Washington Ozaukee Public Health Department at:

Washington County Office
333 N. Washington Street, Suite 1100
West Bend, WI 53099
(262) 335-4462

Ozaukee County Office
121 W. Main Street
Room #246
Port Washington, WI 53074
(262) 284-8170

Washington or Ozaukee Counties Only

For vendors not traveling outside of Washington or Ozaukee Counties, contact the Washington Ozaukee County Public Health Department for a Temporary Food License.

Contacts
Mark Carlson R.E.H.S.
Environmental Health Specialist

Washington Ozaukee Public Health Department
121 Main Street Room 246
Port Washington, WI 53074
262.284.8170
Mark.Carlson@washozauk.gov
website: washozauk.gov

Vendors selling pre-packaged items to take home (such as jams, honey, baked goods, sauces, cheese) must provide proof of exemption for sale of pre-packaged non-potentially hazardous foods.

Liquor License/Bartender License

For information about obtaining a liquor and bartender license, please contact Mequon City Hall, City Clerk's office (262) 236-2914. Deadline to apply for a liquor license/bartender license is Friday, June 9, 2023.

City of Mequon • 10331 N. Cedarburg Road • Mequon, WI 53092

In an effort to best accommodate the needs of all our food vendors it would be helpful for you to indicate the number of outlets necessary to run your operation. All outlets are 20 amps.

A maximum of three outlets will be available per vendor. Please select (✓) the number of outlets you will require below.

1 outlet	☒	20 Amps
2 outlets	☐	
3 outlets	☐	

Electricity is not available for food trucks in certain areas of the festival grounds. Food trucks should be prepared to use their own generator. ✓

FIRE SAFETY PRESENTATIONS

The Southern Ozaukee Fire Department will be inspecting all food vendors that are engaged in cooking operations. All vendors must pass a pre or day of Fire Safety Inspection to participate.

Mobile food preparation facilities such as "Food Trucks or Trailers" may contact Deputy Chief Kurt Zellmann for a pre-event inspection to prevent any day of event issues or answer any questions in advance.

Tent cooking operations (non-vehicle based) may also contact Deputy Chief Zellmann in advance of the event to discuss any operations and ensure pre-determined compliance with equipment, clearances and fire suppression requirements or equipment.

Deputy Chief Kurt Zellmann
kzellmann@mequon.wi.us
Phone: 414-254-0369

COOKING EQUIPMENT

Indicate # of LP gas tanks you will use. 100 lbs. Cyl: 2

Will you be using a charcoal grill? Yes ☐ No ☒

APPLICATION CHECKLIST

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

- ☒ Completed application
- ☒ Check for space fee (payable to City of Mequon)
- ☒ Certificate of Insurance
- ☒ Completed S-240 Wisconsin Temporary Event Operator and Seller Information
- ☒ Completed Release and Hold Harmless for Vendor Form
- ☒ Copy of Temporary Restaurant License/Mobile Restaurant License (Food Truck)
- ☒ A list of menu items

City of Mequon • 11333 N. Cedarburg Road • Mequon, WI 53092

STAY HOME, STAY SAFE, DON'T MEET AND GATHER.

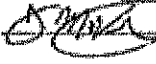
Mequon City Hall
11333 N. Cedarburg Road
Mequon, WI 53092
Attn: Carrie Enea, Executive Assistant
Phone: 262-242-9819
E-Mail: carrie.enea@mequon.wi.us

Questions? Please call Carrie Enea, Mequon City Hall (262) 236-2941.

The undersigned applicant agrees:

- 1) To adhere to the *Taste of Mequon* guidelines as provided in the food/beverage 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: 4/25/24

For Office Use Only:

Date Application Received: _____	Date Vendor Space Fee Paid: _____
Date Release and Hold Harmless For Vendor-Participant Form Received: _____	
Date Certificate of Insurance Received: _____	Date Form 8-240 Received: _____
Date Copy of Temporary Restaurant License Received: _____	
Emergency Information Recorded: _____	

Approved January 18, 2023

City of Mequon • 11333 N. Cedarburg Road • Mequon, WI 53092

Doug Mathison
Office (920)294-0507
Mobile (612)816-0339
Doug.SayCheeseWI@Gmail.com

“Making the world a better place, one Curd at a time”

Attachment: Say Cheese Curd Co (9134 : Say Cheese Curd Application)



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 01/25/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER DIMOND BROS INSURANCE LLC PO BOX 30668 LANSING, MI 48909-8168	CONTACT NAME: Joe Armstrong PHONE (A/C, No, Ext): 844-977-1285 FAX (A/C, No): 517-886-8655 E-MAIL ADDRESS: servicecenter.ac@aolins.com														
INSURED STACEY MATHISON LLC DBA SAY CHEESE W2709 CHERRY LN GREEN LAKE, WI 54941-9619	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Auto-Owners</td> <td>18988</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Auto-Owners	18988	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y	Y	90263267	04/23/2023	04/23/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY ☐ AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☐ EXCESS LIAB ☐ OCCUR ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

MakeSpace Inc, Iron Mountain Inc and its parents affiliates, subsidiaries, and its respective officers, officials, agents, employees, successors and assigns are included as additional Insured on the general liability. A Waiver of Subrogation in favor of the additional insureds applies.

CERTIFICATE HOLDER

 Iron Mountain Inc
 MakeSpace Inc.
 One Federal Street
 Boston, MA 02110

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

 AUTHORIZED REPRESENTATIVE
 Joe Armstrong

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Carrie Enea

From: Douglas Mathison <doug.saycheesewi@gmail.com>
 Sent: Friday, January 26, 2024 8:48 AM
 To: Carrie Enea
 Subject: WI Temp event paperwork

Wisconsin Temporary Event Operator and Seller Information

Information on this form is required under sec. 73.33(36), Wis. Stats.

Instructions on reverse side.

E V E N T O P E R A T O R	PART A: Event Information: To be completed by the operator of the temporary event.	
	1. Name of Temporary Event	TASTE OF MEQUON
	2. Date(s) of Temporary Event	SEPTEMBER 7, 2024
	3. Location of Temporary Event (e.g., Venue, City)	MEQUON, WI
	PART B: Operator Information: To be completed by the operator of the temporary event.	
	1. Name and Address	CITY OF MEQUON 11333 N. CEDARHURST ROAD, WI 53092
	2. Daytime Telephone Number	(262) 236-2941
	3. Email Address	conrad@ci.mequon.wi.us
	4. Wisconsin Tax Account Number	0 3 6 - 1 0 2 0 4 2 1 1 8 4 - 0 4
	If blank, check appropriate box: ☐ No Taxable Sales ☐ Exempt under Occasional Sales Rule ☐ Exempt Nonprofit Organization ☒ Other - Explain: EXHIBIT LOCAL GOVERNMENT	
S E L L E R	PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.	
	THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT - SEE INSTRUCTIONS	
	1. Legal Name	Steep William LLC
	2. Business Name	Say Cheese Curd Company
	3. Address (Street or Route)	W220N Cherry Lane
	4. City, State and Zip Code	Green Lake, WI 54941
	5. Home Telephone Number	(612) 816-0339
	Business Telephone Number	(920) 874-0367
	6. Wisconsin Tax Account Number	4 5 6 - 1 0 2 9 1 6 0 1 5 4 - 0 5
	7. Social Security Number	X X X - X X -
8. Federal Identification Number (FEIN)	X X - X X X	
9. Check one box indicating the type of activity you intend to engage in at the event: ☒ Selling Taxable Merchandise or Service ☐ Display Only ☐ Selling Exempt Merchandise or Service ☐ Exempt under Occasional Sales Rule ☐ Direct Sellers, Company Name ☐ Nonprofit Organization		

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: Doug Mathison

Signature: *[Signature]*

Date: 1/25/24

Information about temporary events, including forms, instructions and Common Questions can be found on the Department of Revenue's website at www.revenue.wisconsin.gov/infocenter/wi.html. If you have additional questions, please contact the Department of Revenue by email at DOORBusinessTax@revenue.wisconsin.gov or telephone at (608) 260-2770. See reverse side for submission instructions.

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

8-2409R 12-19

This Form May Be Reproduced

Doug Mathison
 Office (920)294-0507
 Mobile (612)816-0339

Attachment: Say Cheese Curd Co (9134 : Say Cheese Curd Application)