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Wisconsin Temporary Event Information

The State of Wisconsin requires operators to report the following information on all exhibitors at their temporary event.

Part A: Event Operator Information

Doing Business As (DBA) Name (if applicable) Wisconsin Farm Technology Days			Wisconsin Tax Number (15 digits starting with 640, 456, or 600)
Legal Business Name (if not sole proprietor) Farm Technology Days of Wisconsin, Inc.			Full FEIN (Business) 88-2350199
Event Operator Name (Last)	Event Operator Name (First)		Full SSN (Individual or Sole proprietor)
Mailing Address 425 Mourning Dove Ct		Email Address janetwkeller@gmail.com	
City Arena	State WI	Zip 53503	Contact Phone Number 608-345-5405

Part B: Temporary Event Information

Event Start Date 07 14 2026 M M D D Y Y Y Y	Event End 07 16 2026 M M D D Y Y Y Y	Number of Vendors 500
Temporary Event Name Wisconsin Farm Technology Days		Minimum Vendor Booth Fee **600.00**
Street Address 216601 Wescott Ave		Customer Admission Fee **15.00**

City Stratford	State WI	Zip 54484	County Marathon

EXHIBITORS: FILL OUT Part C: Exhibitor/Vendor Information

If the vendor does **not** have a Wisconsin Seller's Permit and claims sales are tax exempt, enter the exemption code number:

1. Exempt Sales Only or Display Only
2. Multilevel Marketing Company pays sales tax
3. Non-profit Occasional Sales exemption
4. Exempt Occasional Sales

Wisconsin Seller's Permit (15 digits starting with 456) **456 -**

SSN (Last 4 digits) *OR* FEIN Code (Last 4)

Exemption Code

Legal Business Name (if not sole proprietor)

Doing Business As (if applicable)

Vendor Contact (Last)

Vendor Contact (First)

Vendor Telephone Number

Mailing Address

Email Address

City

State

Zip

Multilevel Marketing Co Name(if claiming #2 above)

RETURN COMPLETED FORM TO: WISCONSIN FARM TECHNOLOGY DAYS /janetwkeller@gmail.com