Kidpreneur Vendor Market Application

Hosted by Zion Lutheran Church

Saturday, November 15, 2025 9am-2pm Zion Lutheran Church, Shawano, WI \$10 per table (due with application)

Parti	cipant Information
•	Kidpreneur's Full Name:
•	Age (6–17 only):
•	School Grade:
Pare	nt/Guardian Information
•	Parent/Guardian Full Name:
•	Phone Number:
•	Email Address:
•	Will a parent/guardian be present at the booth during the entire event? ☐ Yes ☐ No (Note: Adult supervision is required (Vendors 12 and under).
Busi	ness/Product Information
•	Business Name (if applicable):
•	What type of product(s) will be sold?
	Brief Description of Products or Services:
Boot	h Details
•	Each vendor receives 1 table and 2 chairs
•	Booth setup begins Friday from 6-9pm and Saturday starting at 7 AM , must be set up by 8:45am. event
	opens at 9AM , ends at 2PM
•	Vendors are responsible for bringing tablecloths, decorations, and display stands if desired Power outlets are not guaranteed
Fee 8	R Payment
•	Vendor Fee: \$10.00
•	☐ Cash (drop off at church office)
	☐ Check payable to <i>Zion Lutheran Church</i> with memo: <i>Kidpreneur Market</i>

Agreement & Signature

By signing below, we agree to:

- Attend the event on Saturday, November 15, 2025
- Ensure an adult is present with the vendor at all times (required for vendors 12 and under)
- Respect booth setup/cleanup times and other event guidelines
- Only sell age-appropriate and family-friendly products

I acknowledge that I will display/sell my products from the area assigned to me. I agree to indemnify, hold harmless the Zion Lutheran Church and promoters of the Zion Holiday Marketplace from all liability claims, demands, losses or damages that may arise as a result of my entry to this event and the use of the Zion Lutheran church property.					
				Parent/Guardian Signature:	Date:
				Kidpreneur Signature:	
Return This Application By: Friday, No. • Drop off at Zion Lutheran Church Office of	vember 1, 2025 r email completed form to: zion@shawanozion.org				
The following info is required by th	e State. Most Kid applicants only need to fill in				
-	ou make more than \$2,000 in sales from your				
business or have a sellers permit- p	lease complete all info below.				
Wisconsin Department of Revenue -	- Form S-240 Vendor Information				
(Required as of October 2023)	- Tomi 6-2-to Vendor imormation				
* WI Seller's Permit # (15 digits starting	g with 456)				
* SSN (last 4 digits)					
* FEIN-Federal Employer ID # (last 4 d					
* Exemption Code					
If you, the vendor, do not have a Wissales are tax exempt, enter the appr	sconsin seller permit number and claim your ropriate exemption code number.				
1. Exempt sales only or display only.					
2. Multi-level marketing company pay	ys sales tax				
3. Nonprofit or occasional sales exem					
4. Exempt occasional sales (taxable s	sales are less than \$2,000 in a calendar year)				
* Legal business name (if not proprieto	or)				
* Doing business as, if applicable	•				
(trade name/fictitious name)					
* Vendor Name (Last)	(First)				
* Phone # E-mail _					
* Address (city)	(state) (zip)				
* Model Land Manda P. O. C.					
* Multi-Level Marketing Company (if cl	laiming code 2 tax exemption)				