

2026 Handcrafted Holiday Market
Sponsored by Zion Lutheran Church
1254 S. Union Street, Shawano, WI 54166
Sat., Nov. 14, 2026 9 AM-2 PM

Registration Form

The postmark on your application will determine your seniority for show purposes.

Your Name _____

Business Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone _____ Cell Phone _____

Email _____

Vehicle License _____ Vehicles Description _____

Please describe the product(s) you make. (*Handmade products only)

Number of Spaces (\$30 each) _____

Electricity needed? _____

Number of Tables (\$5 each) _____

Total \$ Included _____

ENTRY QUALIFICATIONS

All applications must include; necessary blanks filled in, signature and date, check with proper application fee and completed S-240 tax form (this form is a new state requirement). Incomplete applications will not be processed.

SIGNATURE (required) _____ **DATE** _____

Please send completed application form along with check **payable to Zion Lutheran Church** to: Zion Lutheran Church

Attn. Deb Larson

1254 S. Union Street Shawano, WI 54166

ZION HOLIDAY MARKETPLACE INFORMATION

- * Application Fee is **\$30** per space. (Zion Holiday Marketplace will use all vendor fees for local outreach programs.) **Only 1 vendor allowed per space.**
- * Tables are NOT included. Tables are available for \$5 each.
- * All tables and display items must fit within designated space.
- * Application fee deadline is **October 16, 2026** or until full. Confirmation will be sent via email following acceptance of completed application. Space is not guaranteed until payment is received.
- * Cancellation Policy - No refunds after **October 16, 2026.**
- * Each space is 10' x 10'. (There may be additional spaces available to later applicants or those requiring a wider/more shallow space). There are a limited number of spaces with electrical access. Please indicate if electricity is **required** for your booth.) ____ Electricity required
- * The majority of spaces are located in the downstairs fellowship hall, accessible by stairs or elevator. There are a few limited spaces upstairs.
- * A light lunch will be available for purchase.
- * Show hours: **Sat., Nov. 14** from **9 AM- 2PM**. (Vendors must remain open until 2 PM.)
- * Set up times: **Fri., Nov. 13** from **3 PM-7 PM** and **Sat., Nov. 14** from **7 AM-8:45 AM**.

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.

SIGNATURE REQUIRED _____ **Date** _____

**** Please submit completed application & check payable to **Zion Lutheran Church.****

Zion Lutheran Church

Attn: Deb Larson

1254 S. Union Street

Shawano, WI 54166

Contact Info: Deb Larson (dklspeechlady1@gmail.com)

Wisconsin Department of Revenue - Form S-240 Vendor Information
(Required as of October 2023)

* WI Seller's Permit # (15 digits starting with 456) _____

* SSN (last 4 digits) _____

* FEIN-Federal Employer ID # (last 4 digits) _____ (If you have one)

* Exemption Code _____

If you, the vendor, do not have a Wisconsin seller permit number and claim your sales are tax exempt, enter the appropriate exemption code number.

1. Exempt sales only or display only.
2. Multi-level marketing company pays sales tax
3. Nonprofit or occasional sales exemption
4. Exempt occasional sales (taxable sales are less than \$2,000 in a calendar year)

* Legal business name (if not proprietor) _____

* Doing business as, if applicable _____
(trade name/fictitious name)

* Vendor Name (Last) _____ (First) _____

* Phone # _____ E-mail _____

* Address (city) _____ (state) ____ (zip) _____

* Multi-Level Marketing Company (if claiming code **2 tax exemption**)
