

PLEASE FILL OUT THE FOLLOWING:

(Business Name as it will appear in program)

Sunday May 4, 2025
11:00 a.m. to 3:30 p.m.

Hudson High School
1501 Vine Street
Hudson, WI 54016

Booth Reservations:

- Booth size is 10'x8'. Includes 6' table, chairs, pipe and drape.
- Register by 4/11/25 to be included on the Vendor Passport.
- Members may register for ONE booth unless extra booth space is available after 4/11/25.

- Member – Registration - \$275** \$ _____
- Non-Member - \$375** \$ _____
- Non-Profit - \$150** \$ _____
- Non-Member Non-Profit - \$250** \$ _____
- Food Truck Reservation – Member Fee - \$50** \$ _____
- Food Truck Reservation – Non-Member Fee - \$100** \$ _____

Electricity Needed Yes No

Electricity fee is \$25/booth.

Equipment: _____
Volts: _____ Amps/Watts: _____

Equipment: _____
Volts: _____ Amps/Watts: _____

Description of electrical need/use:

- If space is still available after 4/11/25, DOUBLE booths will be allowed. Please indicate if you are interested in a double booth (extra booth fee will apply). We will contact you to confirm if we are able to fulfill this request.

Description of booth display/activity

Number of Chairs 0 1 2 **Table Needed** Yes No

Booth Location Indoor Outdoor

- REQUIRED: Certificate of Liability Insurance** naming the Hudson Area Chamber of Commerce & Tourism Bureau as Certificate Holder is required to complete registration. Contact your insurance provider to obtain. Email to Tyler@HudsonWI.org or mail to 219 Second Street Hudson, WI 54016.

- REQUIRED IF SELLING PRODUCT: WI Tax ID Number OR**
last 4 digits of **SSN OR FEIN**

456 - _____ - _____ // **SSN:** _____ // **FEIN:** _____

- Food & Beverage Sales/Samples:** A Food License may be required by the State of Wisconsin and/or St. Croix County Health Department. Call the Department of Health at (715) 246-8361 to confirm if you require a license. This includes pre-packaged food items!

WI Food License # _____
Type: _____

- Yes!** I'm interested in providing a company Mascot for the Mascot Dance-Off.

My contender's name is:

TOTAL (Including booth fee + sponsorship + electricity fee):

\$ _____

Please list **all** items for consideration. We reserve the right to limit the type of food & beverage at the event. I will be **SELLING** or **SAMPLING** (circle one) the following food/beverage items: (List below)

VENDOR AGREEMENT

- Chamber Event Coordinators reserve the right to deny applications considered not appropriate for the event.
- A confirmation email will be sent to you the week of the event with your assigned booth number and set up/tear down information.
- The event runs 11:00 a.m. - 3:30 p.m. Your booth should be set up by 10:30 a.m. and remain up until 3:30 p.m. We encourage you to stay until 3:30 p.m. before taking down your booth.
- ALTERNATIVE VENDOR PARKING WILL BE PROVIDED.
- **Out of respect for event guests, please unload your displays and move your vehicles to the vendor parking area. Please inform replacement staff to use the vendor parking during shift changes.**
- You will not be allowed to sell or sample food without prior approval and appropriate licensing/tax numbers.
- Please limit your display to your 10' x 8' booth space only, including booth signage. You may not set up outside of your booth space in the aisle.
- Should you choose to offer a booth raffle/giveaway, your giveaway will be announced **one** time during the event as time allows. Please limit your giveaway items accordingly.
- Clear walkways are needed for visitor traffic. Please respect fellow vendors - no solicitation should be done outside of your booth space.
- Sales techniques and verbal displays should be limited to a normal conversational volume.
- Your conduct must be respectful to all guests and fellow vendors. Offensive materials or behavior will not be tolerated. The Chamber Event Coordinators reserve the right to remove vendors should they deem it offensive or disrespectful to fellow vendors or guests.
- Please contact the Chamber with any issues or concerns that may arise.
- Sponsorships - register by **March 14, 2025** to be included in print advertisements.
- Vendor Booths - register by **April 11, 2025** to be included on the Vendor Passport.

Business: _____ (Name as it will appear in program)

Address: _____

Contact: _____ Email: _____

Contact Phone: _____ Business Phone: _____

I have read, understand, and agree to abide by the Vendor Agreement.

Vendor Signature _____ *Date*

FURTHER PROMOTE YOUR BUSINESS BY SPONSORING THE EVENT!

I would like to be a **GOLD SPONSOR** - Cost **\$1000** SPONSOR \$ _____

I would like to be a **SILVER SPONSOR** - Cost **\$500** SPONSOR \$ _____

Call (715) 386-8411, email Tyler@HudsonWI.org, or return COMPLETED form with payment to Hudson Area Chamber of Commerce & Tourism Bureau 219 Second Street, Hudson, WI
We accept VISA, DISCOVER, MASTERCARD, AMEX.