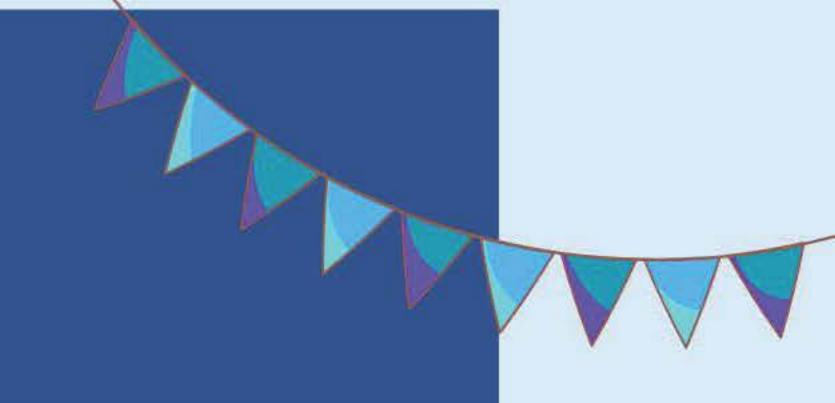
MidWest JUNE 29, 2024



FOOD APPLICATION FORM

| Business Name: | Date: | |
|-----------------------|-------|--|
| | | |
| Contact Name: | | |
| Full Address: | | |
| Phone Number: | | |
| E-Mail: | | |
| Seller Permit #: | | |
| Type of Food Sold: | | |
| | | |

No cost to participate. For Nekoosa to receive 10% of all sales made.

YOU MUST PROVIDE A COPY OF YOUR WISCONSIN SELLERS'S PERMIT AND FOOD PERMIT WITH THIS APPLICATION

If you have questions on how to obtain a seller's permit please visit www.revenue.wi.gov/pages/HTML/tempsell.aspx

Vendor Signature



Return form to:
For Nekoosa
PO Box 176
Nekoosa, WI 54457

More Information: fornekoosa@gmail.com www.fornekoosa.org



