BUSINESS TAX REGISTRATION FORM (SHORT-TERM)

Business Tax Registration Fee applies - $25.00 • Valid ONLY on dates as indicated. Fee waived for Display only.
Payable to: FCPC Tax Commission • Check or Money order - No Cash Accepted

Parts A & B to be completed by Operator (organization hosting event)

PART A  Event Information

1. Name of Short-Term Event: ______________________________________________________

2. Date(s) of Short-Term Event: ____/____/_____ to ____/____/_____

3. Location of Short-Term Event (e.g. venue, city): _________________________________

PART B  Operator Information (complete ONLY if address is different from vendor)

1. Operator Name: ______________________________________________________________

2. Address (Street or Route): ______________________________________________________

3. City: _____________________________ State: __________ Zip Code: _________________

4. Phone: ____________________________ Email: _________________________________

Parts C & D to be completed by Vendor

PART C  Vendor Information

1. Business Name: ______________________________________________________________

2. Address (Street or Route): ______________________________________________________

3. City: _____________________________ State: __________ Zip Code: _________________

4. Phone: ____________________________ Email: _________________________________
5. Is this the first time Vendor registered their business with the Forest County Potawatomi Community?

Please circle: Yes or No

6. Check one box indicating the type of activity you intend to engage in at this event.

☐ Selling Taxable Merchandise or Service (includes food sales)
☐ Selling Exempt Merchandise or Service
☐ Direct Seller’s Company Name: ______________________________________________________________
☐ Display Only
☐ Exempt Under Occasional Sales Rule

<table>
<thead>
<tr>
<th>PART D</th>
<th>Estimated Merchandise or Service Sales (per/day)</th>
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<tbody>
<tr>
<td>☐ $1 - $450</td>
<td>☐ $451 - $1,500</td>
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This application is required to lawfully engage in business activities and transactions occurring on Forest County Potawatomi Community lands, in accordance with the Forest County Potawatomi Community Tax Ordinance.

I declare, under penalty of the law of the Forest County Potawatomi Community, that I have examined this information and to the best of my knowledge and belief it is true, correct and complete.

(Vendor) Print Name: ________________________________________________________________

(Vendor) Signature: ________________________________ Date: ______/______/______

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<tr>
<th>PART E</th>
<th>(This section to be completed by the Forest County Potawatomi Community Tax Commission)</th>
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Tribal Business Tax Registration Event Number: ______________________________________

Upon approval, a Seller’s Permit to Operate shall be issued under Short-Term License Certificate.

Please mail and make payable to:
Forest County Potawatomi Tax Commission
3136 W. Kilbourn Ave.
Milwaukee, WI 53208

Questions? Please contact us at: taxcommission@fcpotawatomi-nsn.gov