



WI Alpaca & Fiber Fest



Vendor Application - 2027

April 24-25, 2027

Set-up starts at Noon April 23, 2027

Vendor Name _____ Company Name _____

Address _____ City, State, Zip _____

Email: _____ Telephone _____

Early Bird Pricing -- application and payment by November 30, 2026:

Booth Size and # requested: 4'x8' _____ \$85 (Each additional 4'x8' space - \$35) includes parking.

10'x10' _____ \$185 (Each additional 10'x10' space - \$135) includes parking.

Pricing after December 1, 2026:

Booth Size and # requested: 4'x8' _____ \$105 (Each additional 4'x8' space - \$85) includes parking.

10'x10' _____ \$210 (Each additional 10'x10' space - \$185) includes parking.

Tables needed _____ 6' or _____ 8' (\$10 each) Chairs needed _____ (\$3 each)

Electricity is included. Please bring your own extension cords.

Total Fees included with this application: _____ or pay online using QR code here -->



Please provide a business bio with examples of your products and services to be used in Facebook post, along with updated photos of your work. _____

Website URL: _____

Vendor final registration deadline: **April 13, 2027.**

Vendor Policy

1. Vendors must pay in advance, before the end of the current show, to reserve their same spot for the next year's show. Every effort will be made to honor requests for the same location; however, this is not guaranteed.
2. If a vendor cancels before the show and we can fill their spot, we'll apply their fees to the next year's show or refund their fees whichever is preferred.
3. If a vendor fails to notify us of their inability to attend, we will (one time only) apply their fee to the next year's show; otherwise, they forfeit their fees.
4. If show needs require that a vendor be moved to a different location, the vendor will be given an opportunity to accept or reject the change. If rejected, the vendor will receive a full refund.
5. Vendors agree to sell for the duration of the show and **not** tear down their stall early.
6. Dane County has a **No Carry-In Policy** for food and beverages.



WI Alpaca & Fiber Fest



7. The Board provides vendor bucks/gift certificates to thank our sponsors and in turn to support our vendors. These are to be accepted in exchange for purchases only and not redeemed for cash. Certificates/vendor bucks must be turned in to the Treasurer by 4pm on Sunday at the show. Reimbursement will be made by check and will be sent to the vendor within 30 days after the show.
8. Vendors may only advertise their products/business at their booth. Posters and flyers elsewhere are not allowed.
9. Collection and management of sales tax is the responsibility of the individual vendors. WI Temporary Vendor Sellers Permit will be required. In addition, a certificate of insurance signed by your agent is also required.
10. All refunds will be issued within 30 days after the show.
11. To ensure a Wi-Fi connection at the event, we recommend that you bring your own mobile hotspot.

I confirm that I (we) will vend at the designated time and place for the duration of The Great Midwest Alpaca Festival / Wisconsin Alpaca & Fiber Fest Alpaca Shows conducting activities in a manner so as not to endanger any person lawfully thereon and agree to hold harmless the Alliant Energy Center, Dane County and The Great Midwest Alpaca Festival Board of Directors and Committee Members from any damage or loss or liability of any kind whatsoever. I have read and understand the vendor policy.

Signature _____ Date _____

Please sign above and return with payment, or pay by QR code as shown, by November 30 for early bird pricing. April 13, 2027 final deadline. First-come, first-serve. Spaces are likely to sell out. Late applications subject to space availability. Mail to Becky McMillan, WisAFF Vendor Coordinator, Magic Willows Alpacas, 6340 Arthur Rd., Hartford, WI 53027. If you are able to scan to pdf or tif and email the app, send to btkk@magicwillowsalpacas.com. Photos should be high-resolution and emailed to same address.

Please complete the vendor information box on Page 3, the S-240 form, and include with your application.

Checklist:

- ___ Application completed and signed, mailed or emailed.
- ___ Payment attached, or payment made online.
- ___ S-240 completed and attached.
- ___ Certificate of Insurance attached naming GMAF/WISAFF as additional insured.

Your personal and/or business insurance agent will be able to guide you in obtaining the necessary liability for either event-specific or annual coverage. You may also apply or compare pricing online at <https://www.eventsured.com/vendor-insurance/>. Minimum limits of \$1M/\$2M required. See attached sample certificate of insurance. Ensure GMAF/WISAFF is named additional insured.

Operator's Wisconsin Tax Number 640-1028252945-03	Event End Date 04 26 2026
--	------------------------------



Part C: Vendor Information

If the vendor does not have a Wisconsin seller permit number and claims their sales are tax exempt, enter the exemption code number provided by the vendor.

- 1 - Exempt sales only or display only
- 2 - Multi-level marketing company pays sales tax
- 3 - Nonprofit occasional sales exemption
- 4 - Exempt occasional sales

Wisconsin Seller's Permit Number (15 digits starting with 456) 456- -		SSN (last 4 digits)	FEIN (last 4 digits)	Exemption Code
Legal Business Name (if not sole proprietor)		Doing Business As (DBA) Name (if applicable)		
Vendor/Contact Name (Last)	Vendor/Contact Name (First)	Vendor Phone Number		
Mailing Address		Email Address		
City	State	Zip	Multi-Level Marketing Company (if claiming Code 2 above)	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
	OTHER												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate Holder is named additional insured for event held at the Alliant Energy Center April 25-26, 2026.

CERTIFICATE HOLDER

CANCELLATION

Great Midwest Alpaca Festival and
 Wisconsin Alpaca & Fiber Fest
 N2503 County Road V
 Lodi, WI 53555

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.