

PARKE COUNTY SPECIAL EVENTS LICENSE 2009
TRANSIENT MERCHANTS LICENSE (TML)
NON-REFUNDABLE

SECTIONS A & B MUST BE COMPLETED AND SIGNED

METHOD OF PAYMENT: CASH, MONEY ORDER, OR CASHIER'S CHECK ONLY

SECTION A: BUSINESS OWNER/PRINCIPAL CONTACT INFORMATION

PLEASE PRINT CLEARLY

Business Name: _____

Owner/Contact Person: _____

Home (Permanent) Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (____) _____ Social Security Number or Tax I.D. Number: _____

Sample Only
Official copy will be
mailed to you.

SECTION B: TML ACTIVITY INFORMATION

TML activity location (in which town will you be conducting business?): _____

Property Owner (who you rent space from): _____

Dates of operation: _____ Structure for activity is (circle one): Permanent - Mobile -
Temporary

Type of merchandise/product being offered (describe in detail): _____

Estimated gross receipts during license period (to the best of your knowledge): \$ _____

Is applicant claiming an exemption from the license fee? (circle one) YES - NO If yes, indicate one of the following:

___ Indiana non-profit organization (please include non-profit number)

___ Indiana resident who is a veteran, qualified under IC 25-25-2-1 (must provide a copy of their DD-214)

___ ALL products are handmade by MYSELF. ___ Other: _____

The undersigned affirm, under the penalty of perjury, that the representation and answers in the application are true.

SIGNATURE: _____ **PRINTED NAME:** _____

DATE: _____

Cell Phone Number (____) _____ PLEASE DISPLAY TML LICENSE IN BOOTH

REPRESENTATION AND PROMISES

The business and the person signing this form represent that:

Neither is delinquent to the county for any taxes, license fees or any other debt.

The person signing this form has the authority to do so.

The business and the person signing this form agree that:

Each will comply with all applicable laws, ordinances, regulations, orders and decisions of public officials.

The license may be suspended if any applicable laws, ordinances, regulations, orders or decisions are violated.

The business and the premises on which the business is located will not be used for any unlawful purpose.

A copy of this application will be submitted to the Indiana Department of Revenue

(This section will be completed by County Officials)

License Fee \$ _____ (\$50.00 if not exempt)

License Number 2009: _____

Processing Fee \$ _____ (\$20.00 for persons who do not pay Parke County property taxes or reside in Parke County. All Indiana Veterans are exempt from this fee.)

Penalty \$ _____ (\$50.00 after Sept. 30, 2009 for all vendors)

TOTAL \$ _____

Exempt Yes / No Exemption Reason: _____ Issued by: _____

Circle one: CASH - MONEY ORDER - CASHIER'S CHECK Date Issued: _____

MAIL__ WALK-IN__ ON-SITE__ PICK-UP__ TML MAILED

NO BUSINESS OR PERSONAL CHECKS WILL BE ACCEPTED

MAKE MONEY ORDERS OR CASHIER'S CHECKS PAYABLE TO: *PARKE COUNTY AUDITOR*

SEND *ALL THREE* COPIES OF THIS FORM AND PAYMENT TO: Parke County Auditor
116 West High Street, Room 104
Rockville, IN 47872

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

For questions call (765) 569-3422 or e-mail: tml@joink.com.

Sample Only
Official copy will be
mailed to you.