PARKE COUNTY SPECIAL EVENTS LICENSE 2018 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: SEE FEES LISTED BELOW

	CASH, MONET ORDER, OR CASHIER'S CHECK ONL	
	SS OWNER/PRINCIPAL CONTACT INFORMA	
	🗖 Partnership 🔲 Company 🔲 Limited Liability Compa	
(If a corporation or	limited liability company, provide state and year	incorporated or organized)
PLEASE PRINT CLEA	ARLY	
Home (Permanent) Mailing	Address:	
City:	State: Zip:	County:
Phone: ()	Address: State: Zip: Social Security Number or Tax I.D. Number:	_ = ===================================
	TIVITY INFORMATION	
TML activity location (in wh	nich town will you be conducting business?):	
Property Owner (who you re	ent space from):	
Dates of operation:	ent space from): Structure for activity is (circle one): Perma	nent - Mobile - Temporary
Type of merchandise/produ	act being offered (describe in detail):	
	ring license period (to the best of your knowledge): \$	
Is applicant claiming an exer	mption from the license fee? (circle one) YES - NO If ye	s, indicate one of the following:
Indiana non-profit org	ganization (please include non-profit number)	
Indiana resident who	is a veteran, qualified under IC 25-25-2-1 (must provide a co	opy of their DD-214)
	dmade by MYSELF Other:	
•	ler the penalty of perjury, that the representation and answer	
SIGNATUDE.	PRINTED NAME:	DATE.
Cell Phone Number () E-mail Address:		
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NO BUSINESS OR PERSONAL CHECKS WILL BE ACCEPTED

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

SEND **ENTIRE** FORM AND PAYMENT TO:

Parke County Auditor 116 West High Street, Room 104 Rockville, IN 47872