PARKE COUNTY SPECIAL EVENTS LICENSE 2019
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

SECTION A: BUSINESS OWNER/PRINCIPAL CONTACT INFORMATION: This application is for:

☐ Individual ☐ Partnership ☐ Company ☐ Limited Liability Company ☐ Corporation

(If a corporation or limited liability company, provide state _____ and year _____ incorporated or organized)

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: _____

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 (_____)_____ **E-mail Address:** _____

TRANSIENT MERCHANT LICENSE MUST BE DISPLAYED 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

Parke County works in conjunction with state and federal authorities to fight counterfeiting. Any vendors found to be selling counterfeit or stolen merchandise will have their permit(s) revoked and will be barred from future Parke County festivals. The U.S. Department of Homeland Security will determine criminal violations under Title 18 United States Code, Section 2320 Trafficking in Counterfeit Goods and Services.

TO BE COMPLETED BY COUNTY OFFICIALS:

License Fee $ _____ ($**100.00** if not exempt) License Number 2019: _____

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

Penalty $ _____ ($**50.00** after **Sept. 30, 2019** for all vendors applying for a TML)

TOTAL $ _____

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

Circle one: CASH - MONEY ORDER - CASHIER'S CHECK – CREDIT CARD 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 ***ENTIRE*** FORM AND PAYMENT TO:

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

www.parkecounty-in.gov

INCOMPLETE APPLICATIONS AND/OR APPLICATIONS WITHOUT CORRECT FEES INCLUDED WILL NOT BE PROCESSED

For questions call (765) 569-3422 or e-mail: tmlinfo@parkecounty-in.gov

TO BE COMPLETED BY COUNTY OFFICIALS:

PARKE COUNTY SPECIAL EVENTS LICENSE 2019
TRANSIENT MERCHANTS LICENSE (TML)
RECEIPT

Business Name: _____ **Date Paid** _____

Owner / Contact Person: _____ **Total Fee $**_____

2019 License Number: _____ **Issued By:** _____ **Exempt Reason** _____

Location: _____ **Property Owner:** _____

Parke County Auditor * 116 West High Street, Room 104 * Rockville, IN 47872 * (765) 569-3422 * tmlinfo@parkecounty-in.gov

PLEASE DISPLAY TML LICENSE IN BOOTH DURING FESTIVAL BUSINESS HOURS