

PARKE COUNTY SPECIAL EVENTS LICENSE 2020

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 Indiana 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:

* A determination of whether a product is handmade shall be made on a case by case basis with the Auditor of Parke County having final say as to that determination.

*In the event a party disagrees with a determination made by the Auditor of Parke County they may file a request for appeal with the Parke County Commissioners within (30) thirty days of the Auditor's determination and appear before the Commissioners at their next scheduled public meeting.

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 2020:

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, 2020 for all vendors applying for a TML)

Other \$ (\$5.00 for all RPL TML'S)

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:

tmlinfo@parkecounty-in.gov

www.parkecounty-in.gov

765-569-3422

Parke County Auditor

116 West High Street, Room 104

Rockville, IN 47872

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