

2026 PARKE COUNTY TRANSIENT MERCHANT LICENSE **TML**

SECTIONS A & B MUST BE COMPLETED AND SIGNED SECTION C MUST BE READ CAREFULLY

NON-REFUNDABLE FEES PAYABLE BY MONEY ORDER, CASHIER'S CHECK, OR CASH DO NOT SEND CASH THROUGH THE MAIL NOT RESPONSIBLE FOR LOST PAYMENTS

SECTION A BUSINESS OWNER/PRINCIPAL CONTACT INFORMATION

Individual Partnership Company Limited Liability Company Corporation
IF A CORPORATION OR LIMITED LIABILITY COMPANY, PROVIDE STATE _____ AND YEAR _____ INCORPORATED OR ORGANIZED

PLEASE PRINT CLEARLY TO AVOID PROCESSING DELAYS

Business Name: _____

Owner/Contact Person: _____

Home (Permanent) Mailing Address: _____

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

Phone: (_____) _____ Social Security or Federal Tax ID Number: _____

SECTION B TML ACTIVITY INFORMATION

TML activity location (circle best choice): **BILLIE CREEK VILLAGE FAIRGROUNDS ROCKVILLE RURAL PARKE COUNTY
BRIDGETON BLOOMINGDALE MANSFIELD MECCA MONTEZUMA ROSEDALE TANGIER**

Property Owner of Rental Space: _____ Address: _____

Dates of operation: _____ Structure for activity (circle one): **PERMANENT MOBILE TEMPORARY**

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

Anticipated gross receipts during license period (best estimate): \$ _____

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

Indiana Non-Profit organization (incorporated in Indiana) **Federal Tax ID:** _____

Indiana Veteran qualified under **IC 25-25-2-1** (for Indiana residents only, must provide a copy of their **DD-214**)

If you live out-of-county but claim exemption from the processing fee, write your parcel number below

Parke Co. Parcel # : _____

⇒ The undersigned affirms, under penalty of perjury, that representations provided herein are true and accurate.

SIGNATURE: _____ **PRINTED NAME:** _____ **DATE:** _____

Cell Phone Number: (_____) _____ E-mail Address: _____
TRANSIENT MERCHANT LICENSE MUST BE PROMINENTLY DISPLAYED AT ALL TIMES

SECTION C 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.



COUNTERFEIT MERCHANDISE IS ILLEGAL! 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 for life from future Parke
County festivals and events. The U.S. Department of Homeland Security will determine criminal violations under USC 18-1-113-2320.

SECTION D TO BE COMPLETED BY PARKE COUNTY AUDITOR OR DESIGNEE

Exempt? **Yes / No** Exemption Reasons (circle 1 or more): **NBF NP VT LIVE OWN**

License Fee \$ _____ (**\$100.00** if not exempt)

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. 15, 2026** for all Covered Bridge Festival vendors, no exceptions)

Other \$ _____ (**\$5.00** for all replacement TMLs)

TOTAL \$ _____ CASH MONEY ORDER CASHIER'S CHECK CREDIT CARD

MAIL WALK-IN ON-SITE PICK-UP TML MAILED

Issued by: _____ Date Issued: _____ 2026 License Number: _____

APPLICATIONS INCOMPLETE AND/OR SUBMITTED WITHOUT CORRECT FEES WILL NOT BE PROCESSED • NO BUSINESS OR PERSONAL CHECKS

MAKE CASHIER'S CHECKS OR MONEY ORDERS PAYABLE TO:

PARKE COUNTY AUDITOR

MAIL COMPLETED FORM AND FULL FEE PAYMENT TO:

116 W HIGH ST, ROOM 104

ROCKVILLE, IN 47872

FOR QUESTIONS CALL THE PARKE COUNTY AUDITOR'S TML DESK AT (765) 569-3422 OR EMAIL TMLINFO@PARKECOUNTY.IN.GOV

parkecounty.in.gov/tml