

2024 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**)
☐ **Handmade** only products made by hand, at home, by self/family, not mass-produced (*subject to Auditor's determination*)

If you live out-of-county but claim exemption from the processing fee, write your **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 18-113-2320.

SECTION D TO BE COMPLETED BY PARKE COUNTY AUDITOR OR DESIGNEE

Exempt? **Yes / No** Exemption Reasons (circle 1 or more): **NBF** **HM** **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, 2024** 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:** _____ **2024 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: **MAIL COMPLETED FORM AND FULL FEE PAYMENT TO:**

PARKE COUNTY AUDITOR

116 W HIGH ST, ROOM 104
ROCKVILLE, IN 47872

FOR QUESTIONS CALL THE PARKE COUNTY AUDITOR'S TML DESK AT (765) 569-3422 EXT. 112 OR EMAIL TMLINFO@PARKECOUNTY.IN.GOV

parkecounty.in.gov/tml