

## Town of Union

## **Temporary Merchant License Application**

Name of Applicant:		
Date of Birth:		
Address of Applicant:		a
Phone Number:		
Date and time of Event(s):		
Location of Event:		
Owner of Property:		
Attach statem	ent from property ower granting permission for event	
Description of goods:		
Number and type of vehicles:		
Any Felony or misdemeanor convictions:		
If so, please list:		

	1			
Provide the names and addresses officers, if a corporation, limited I person upon whom a legal notice	iability company or o	artnership, and the ther similar busine	e names and addresses o	f the principal and address of a
				4
				Ŷ
	d			
				*
License fee is \$100.00				
Certificate of insurance must be p Compensation and Diability Insur				of Workers
The applicant states that the info	rmation submitted or	n this application is	accurate and true.	
Sworn to on this day o	of .			
, 20				
*			Applicant	
Notary Public				,

## **Temporary Merchant / Peddler License Authorization**

I have carefully read and understand this Peddler / Temporary Merchant License Authorization form. I understand that part of my application requires I have a criminal and other background check. By my signature below, I authorize the Town of Union and its background check company (collectively the "Town") to share the contents of any report generated with those who are involved in the review of my Peddler / Temporary Merchant Application. The Town will only share the background report as necessary, including with law enforcement, in order to review my application.

By my signature below, I authorize background check companies, law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record / data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the Town and its background check company.

By my signature below, I release the Town and its background check company from any and all claims or damages I may suffer by reason of the information that may be disclosed and reported by way of said background checks. I understand the Town does not have a duty to perform an independent check or review of the information reported by its background check company.

No one younger than 18 years old is allowed to apply for a Peddler / Temporary Merchant License.

I also authorize the Town and its agents to contact my current employer if necessary, to verify my	
current employment status. I am currently or was employed by:	

Applicant Full Name	Date of Birth	Social Security Number
Applicant Address (Cannot be a Bost Office	Applicant Email	Cellular Number
Applicant Address (Cannot be a Post Office Box)	Applicant Email	Cellular Number
Applicant Signature	Date	Driver ID Number