



# Town of Union

## Temporary Merchant License Application

Name of Applicant:

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Date of Birth:

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Address of Applicant:

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Phone Number:

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Date and time of Event(s):

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Location of Event:

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Owner of Property:

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Attach statement from property owner granting permission for event

Description of goods:

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Number and type of vehicles:

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Any Felony or misdemeanor convictions:

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If so, please list:

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Provide the names and addresses of all partners, if a partnership, and the names and addresses of the principal officers, if a corporation, limited liability company or other similar business entity, and the name and address of a person upon whom a legal notice may be served.

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*License fee is \$100.00*

Certificate of insurance must be provide naming the Town of Union additional insured and proof of Workers Compensation and Diability Insurance coverage or appropriate waivers must be provided.

The applicant states that the information submitted on this application is accurate and true.

Sworn to on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Notary Public