

**SPECIAL EVENT  
MERCANTILE LICENSE  
APPLICATION**

Name of Applicant/Business: \_\_\_\_\_

Home/Business Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Event Date: \_\_\_\_\_

Items/Products to be sold: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NO ITEMS/PRODUCTS BEARING OBSCENE, PROFANE OR  
QUESTIONABLE LANGUAGE/PICTURES WILL BE PERMITTED. NO  
VENDING OF ICE CREAM OR FROZEN CONFECTIONARY PRODUCTS  
PERMITTED.**

**Fee: \$15.00 PER INDIVIDUAL VENDOR** (Payable to the Township of Lower)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PERMIT WILL BE MAILED TO BUSINESS ADDRESS UNLESS OTHERWISE  
SPECIFIED.**

Any questions, call 609-886-2005 ext. 100 or e-mail [djohns@townshipoflower.org](mailto:djohns@townshipoflower.org)

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**FOR OFFICIAL TOWNSHIP USE ONLY**

Date: \_\_\_\_\_ Fee Received: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_

License Number Issued: \_\_\_\_\_ Pick-Up or Mail \_\_\_\_\_

Department Approval: \_\_\_\_\_ Site #: \_\_\_\_\_

Comments: \_\_\_\_\_