

**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 APPLICATION WILL BE ACCEPTED WITHOUT CERTIFICATE OF
INSURANCE NAMING THE TOWNSHIP OF LOWER AS AN ADDITIONAL
INSURED**

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. 113 or e-mail Jpicard@townshipoflower.org

FOR OFFICIAL TOWNSHIP USE ONLY

Date: _____ Fee Received: _____ Cash/Check #: _____

License Number Issued: _____ Pick-Up or Mail _____

Department Approval: _____ Site #: _____

Comments: _____