TOWN OF LOWELL
APPLICATION FOR TRANSIENT MERCHANT LICENSE

EACH APPLICANT MUST SUBMIT COPY OF DRIVER'S LICENSE

DATE OF APPLICATION:_____ (5 DAYS PRIOR TO BEGINNING SALES)

APPLICANT:_____

COMPANY:_____

ADDRESS:_____

_____

PHONE:_____

DATE OF INCORPORATION:_____

STATE OF INCORPORATION:_____

DATE QUALIFIED TO TRANSACT BUSINESS IN INDIANA:_____

COUNTY LICENSE: (if applicable) _____

RETAIL MERCHANT CERTIFICATE NO. _____

SALE SITE: _____

TIME:_____

VALIDITY PERIOD:_____

_____
Judith Walters
Clerk-Treasurer

PRIMARY INVESTIGATION FOR LICENSE - _____APPROVED _____DENIED

_____
Chief of Police
Lowell Police Department

_____
(Date)