

NASHVILLE ITINERANT BUSINESS LICENSE

Complete and bring this application along with a copy of the items listed below to:

Nashville Town Hall
200 Commercial Street • P.O. Box 446
Nashville, IN 47448
(812) 988-7064

Applicant's Name _____ Phone _____

Physical Address (number and street) _____

Mailing Address, if different from above _____

(The name, residence and post office address of the person, firm or corporation making the application: and, if a firm or corporation, the name and address for the members of the firm or officers of the corporation, as the case may be.)

Location of Proposed Itinerant Business _____

Emergency Contact (if unable to contact above) _____

Type of Business _____

Dates of Operation _____

Are food and/or beverages going to be served/sold at your establishment? Yes No

ADDITIONAL INFORMATION IN SUPPORT OF APPLICATION:

1. A photostatic copy of a valid Indiana Registered Retail Merchant's Certificate. (*Attach*)
2. The fee in the amount of Ten Dollars (\$10.00) per day of operation. (Operation during any part of a day shall be considered a full day, not to exceed fifteen (15) days total). The Festival fee is Fifteen Dollars (\$15) for seven consecutive days.
3. Detailed inventory (ex. 12 oil paintings, 6 clay pots) (*Attach additional information if needed*) _____

4. If the applicant is a corporation, there shall be attached to the application form documentation indicating the date of incorporation and the state of incorporation; and if applicant is a corporation formed in a state other than the State of Indiana, the date on which such corporation qualified to transact business as a foreign corporation in the State of Indiana.

I herby certify that the information I have provided in this Business License Application is true and accurate to the best of my knowledge and belief. If there are any changes to the above information, I will notify the Town of Nashville within ten (10) days of said change.

I further certify that I will comply with all State and Federal laws and all ordinances of Brown County and the Town of Nashville. I acknowledge that this license is conditional upon compliance with said laws and ordinances and may be revoked without notice for non-compliance.

Applicant's Signature

Applicant's Signature

Applicant's Printed Name

Applicant's Printed Name

IN THE EVENT THE APPLICANT IS NOT ONE AND THE SAME AS THE OWNER OF THE PROPERTY ON WHICH THE BUSINESS IS LOCATED, THE FOLLOWING MUST BE COMPLETED:

I, by my signature below, am giving permission to the applicant to operate the business described on this application on my property commonly known as: _____

In granting this permission, I acknowledge that I may be responsible for the acts of the applicant and the use of my land by the applicant in violation of the laws of the State of Indiana, the Ordinances of Brown County and the Ordinances of the Town of Nashville. *(All owners must sign.)*

Owner's Signature

Owner's Signature

Owner's Printed Name

Owner's Printed Name

Date Signed _____

Date Signed _____

For Authorizing Agencies Use Only

TOWN HALL

AREA PLAN COMMISSION

License Number _____

Zoned _____

Receipt Number _____

Approved by _____

Fee _____

Date _____

Approved by _____

Date Approved _____

BROWN COUNTY HEALTH DEPT.

Exception: Yes No

Approved by _____

Exception Type _____

Date _____