

TOWN OF MEDICINE PARK

P. O. BOX 231, MEDICINE PARK, OK 73557

PARKSTOMP: MARCH 17 AND 18, 2012

VENDOR FEE: _____ 10x10 \$70 _____ 10x20 \$100

Make check payable to MPEDA – Medicine Park Economic Development Authority and mail to the address above.

APPLICATION DEADLINE: MARCH 7, 2012, 5 P.M.

BUSINESS

OTC Sales Tax # _____ FEIN # _____ SS# _____

Business Name _____ Phone (____) _____

Business Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Email: _____ Kinds of Goods Sold _____

Description & License # of Business Vehicle _____

APPLICANT

Name _____ State/Driver's License # _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email: _____

I, the undersigned, attest that the above information is true and correct, and that I am responsible for collecting, reporting, and paying all applicable state sales taxes.

Applicant

Date

Town Clerk

Date

Medicine Park Police Chief

Date