



CITY OF HAMMOND
5925 Calumet Avenue • Hammond, Indiana • 46320

Date: _____

Fee: _____

Receipt #: _____

AUTO DEALER LICENSE APPLICATION

Hammond Municipal Code §114.16

Fees	<p>Application and processing fees are nonrefundable. Licenses expire annually on June 30th. \$105.00 – New Businesses</p>
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Business information	<p>Business Name (DBA): _____</p> <p>Business Location: _____ <small style="display: inline-block; width: 40%; text-align: center;">Street Address (no PO Box)</small> <small style="display: inline-block; width: 40%; text-align: center;">UNIT/STE/APT</small></p> <p>Business Mailing Address: _____</p> <p>Business Phone: _____ Business Fax (if applicable): _____</p> <p>Business Email: _____ Business Website (if applicable): _____</p>
Applicant Information	<p>This business is a: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/Corp. <input type="checkbox"/> Other _____</p> <p>Name of Sole Proprietorship/Partnership/LLC or Corporation: _____</p> <p>Applicant Name: _____ Title: _____ Date of Birth: _____</p> <p>Applicant Mailing Address: _____</p> <p>Applicant Phone: _____ Applicant Email: _____</p>
Tax ID	<p>Federal ID # _____ Social Security Number: _____</p> <p>IN Tax ID: _____ Professional License Number (if applicable): _____</p>
Business Description	<p>Days Open: _____ Business Hours: _____</p> <p>List Officers/Associates/Partners (if applicable): _____</p> <p>_____</p> <p>Property Owner: _____ Property Owner Phone: _____</p> <p>Property Owners Address: _____</p>

Insurance	<p>APPLICATION WILL NOT BE APPROVED WITHOUT PROPER INSURANCE COVERAGE.</p> <p>Please attach proof of the following liability insurance minimums as required by the Indiana Secretary of State, Auto Dealer Services Division:</p> <ul style="list-style-type: none"> • \$50,000 property damage • \$100,000 bodily injury to one (1) person • \$300,000 per accident
Acknowledgements	<p>I, the undersigned, under penalty of perjury, state that I am the applicant for this business license. I swear that the information furnished by me on this application is true and correct. I understand fees associated with this application are nonrefundable. I agree to notify the City of any changes in this business ownership or address. I swear that I will not myself act, authorize, or permit anyone to act in violation of federal laws, state laws, or the ordinances of the City of Hammond, Indiana in or about my place of business.</p> <p>This business license shall be issued upon the representations made at the time of application. All business license applicants, by submitting this application, agree to abide and be bound by all federal, state, and local regulations applicable, and violation of same is grounds for termination of a license. Nothing in the granting or issuance of a license creates liability on behalf of the City of Hammond, its agents, employees, or assigns, and a business license hold assumes all liability and responsibility for the licensed premises.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Applicant's Signature Date</p>

FOR OFFICE USE ONLY		
ZONING DEPARTMENT	<u>Reviewed & Approved By:</u> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<u>Date:</u> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<u>NOTES:</u>	
BUILDING & FIRE DEPARTMENTS	<u>Reviewed & Approved By:</u> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<u>Date:</u> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<u>NOTES:</u>	
POLICE DEPARTMENT	<u>Reviewed & Approved By:</u> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<u>Date:</u> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<u>NOTES:</u>	
CONTROLLER	<u>Reviewed & Approved By:</u> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<u>Date:</u> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<u>NOTES:</u>	