

**MOBILE FOOD VENDOR
LICENSE APPLICATION INSTRUCTIONS**



GENERAL INSTRUCTIONS:

1. Review Hammond Municipal Code Chapter 117.
2. Print clearly and complete all sections of the application.
3. Assemble all required information and materials before filing application.
4. Mobile Food Vendor licenses expire June 30th of each year.
5. License and processing fees - \$1,500.00.

REQUIRED APPLICATION MATERIALS CHECK-LIST:

1. Copy of your Driver's License.
2. Copy of the Indiana registration for the vehicle to be used.
3. Copy of required permits or licenses by the Lake County Health Department.
4. Proof of insurance (general liability, property damage, and automobile).
5. Completed private property permission form if operating on private property.
6. Proof of authorization by the Board of Public Works & Safety if operating in residential district.
7. Completed application.
8. Processing fees.

APPLICATION PROCESS:

1. Gather all required information and materials prior to submitting application. **An incomplete application will not be processed.**
2. Submit complete application materials.
3. The appropriate city departments will conduct a review and give the City Controller a recommendation to approve or deny the license.
4. City Controller will deny or approve license.
 - a. If approved, license will be issued following the payment of complete license and processing fees. License holder may then do business with properly displayed license.
 - b. If license is denied, applicant has 30 days to appeal decision as set forth in §117.020 of the Hammond Municipal Code.



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

Date: _____

Fee: _____

Receipt #: _____

MOBILE FOOD VENDOR APPLICATION

Hammond Municipal Code §117.005

Fees	<p>Application and processing fees are <u>nonrefundable</u>. Licenses expire annually on June 30th. \$1,500.00 – New Businesses</p>
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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>Mailing Address: _____</p> <p>Phone: _____ Email: _____</p> <p>Fax (if applicable): _____ Website (if applicable): _____</p>
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Tax ID	<p>Federal ID # or Social Security Number: _____</p> <p>IN Tax ID: _____</p>
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Business Description	<p>Primary Use: _____ <small style="text-align: center;">Please provide a brief description of food/beverage to be sold</small></p> <p>Business Hours: _____</p> <p>Location(s) where business will be conducted (If private property, proof of permission must be attached to this application): _____</p> <p>If operating in a residential district, applicant must have approval by the Board of Public Works & Safety prior to license being issued. (HMC §117.005(B)(2)(d))</p> <p>_____</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Do you have the required Food Service Permit from the Lake County Health Department? If yes, please submit proof of permit with this application. If no, please contact the Lake County Indiana Health Department at (219) 755-3655. Application will not be approved without proper permit.</p>
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Agent	<p>Please list the name, phone number, and address of an Indiana resident that has agreed to be your registered agent for purposes of receiving notices from the City of Hammond or other service of process.</p> <p>Name: _____ Phone Number: _____</p> <p>Address: _____</p>
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Acknowledgements

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.

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.

Applicant's Signature

Date

FOR OFFICE USE ONLY

ZONING DEPARTMENT	<u>Reviewed & Approved By:</u>	<u>Date:</u>
	<u>NOTES:</u>	
POLICE DEPARTMENT	<u>Reviewed & Approved By:</u>	<u>Date:</u>
	<u>NOTES:</u>	
CONTROLLER	<u>Reviewed & Approved By:</u>	<u>Date:</u>
	<u>NOTES:</u>	
BOARD OF PUBLIC WORKS AND SAFETY (residential district approval)	<u>Reviewed & Approved By:</u>	<u>Date:</u>
	<u>NOTES:</u>	

**CITY OF HAMMOND
PRIVATE PROPERTY PERMISSION FORM**

(To be completed by Pop-Up Vendor and Mobile Food Vendor Applicants located on private property)

Vendor Name: _____

I hereby state that as of this date I have been informed of the City of Hammond Ordinance requirement for written permission from the property owner of each private property parcel I wish to vend on (HMC §117.005(B)(2)(j), HMC §122.07(D)). I further understand that outside of the hours of operation, my vehicle or pop-up device may not be stored, parked, or left overnight on any vending site, including but not limited to any private property, public street, or sidewalk. I understand that violation of this City ordinance requirement may result in revocation of Hammond business license and/or fines.

Vendor Signature

Date

Information below to be completed by property owner

I, _____, hereby certify that the above-named person has contacted me and has my permission to use the property I own located at:

(Mailing Address and Business Name (if applicable))

For the period of time from _____ to _____
(Month/Day/Year) (Month/Day/Year)

With the following limitations (if applicable):

Property Owner Signature

Date

SWORN to and subscribed before me, this ____ day of _____, _____

Notary Public

My Commission Expires: _____