



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

Date: _____

Fee: _____

Receipt #: _____

SECONDHAND RESALE LICENSE APPLICATION

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

Records/Bond	<ul style="list-style-type: none"> Applicants must show proof of membership in the online resale reporting org. LEAD-ON-LINE.com Do you have a valid membership to LEADS-ON-LINE.com? <input type="checkbox"/> Y <input type="checkbox"/> N Applicants/licensees must keep and use a recordkeeping system as defined in I.C. 28-7-5-16. These records are subject to inspection by the Police Department at any time. Applicants must show proof of a bond in the amount of \$250 as prescribed in HMC §118.39
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>	<u>Date:</u>
	<u>NOTES:</u>	
BUILDING & FIRE DEPARTMENTS	<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>	