



CITY OF HAMMOND

5925 Calumet Avenue • Hammond, Indiana • 46320

Date: _____

Fee: _____

Receipt #: _____

MOBILE FOOD VENDOR APPLICATION

Hammond Municipal Code §117.005

Fees	Application and processing fees are <u>nonrefundable</u>. Licenses expire annually on June 30th. \$605.00 – New Businesses
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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>
Tax ID	<p>Federal ID # or Social Security Number: _____</p> <p>IN Tax ID: _____</p>
Business Description	<p>Primary Use: _____ Please provide a brief description of food/beverage to be sold</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>
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>

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>	
	<hr/> Applicant's Signature	<hr/> 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>	