



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

Date: \_\_\_\_\_

Fee: \_\_\_\_\_

Receipt #: \_\_\_\_\_

## RESTAURANT LICENSE APPLICATION

Hammond Municipal Code §117.015

(This application should be completed by Farmers Markets & Drive-in Restaurants also)

<b>Fees</b>	<p><b>Application and processing fees are <u>nonrefundable</u>. Licenses expire annually on June 30<sup>th</sup>.</b></p> <p><b>\$105.00 – New Businesses</b></p>
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<b>Business information</b>	<p>Business Type (select applicable): <input type="checkbox"/> Restaurant <input type="checkbox"/> Farmers Market <input type="checkbox"/> Drive-In Restaurant</p> <p>Business Name (DBA): _____</p> <p>Business Location: _____  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Street Address (no PO Box)</span> <span>UNIT/STE/APT</span> </div> </p> <p>Business Phone: _____ Business Fax (if applicable): _____</p> <p>Business Email: _____ Business Website (if applicable): _____</p>
<b>Applicant Information</b>	<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: _____ Phone: _____</p> <p>Email: _____</p> <p>List Officers/Partners/Associates (if applicable): _____</p>
<b>Business Description</b>	<p>Primary Use: _____ # of Employees (per shift): _____  <small>Please provide a brief description of business activities</small></p> <p>Days Open: _____ Business Hours: _____</p> <p>Property Owner: _____ Property Owner Phone: _____</p> <p>Property Owners Address: _____</p> <p>Building enclosed? <input type="checkbox"/> Y <input type="checkbox"/> N Dimensions of Building (SQFT): _____</p> <p>Parking available? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, # of parking spots? _____ Is the parking lot paved? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If Drive-in, # of motor vehicles establishment can accommodate: _____</p> <p># of seats (if applicable): _____ Check all that apply: <input type="checkbox"/> Bar &amp; Counter <input type="checkbox"/> Booths &amp; Tables  # of booths/tables (if applicable): _____ <input type="checkbox"/> Carry-out Only <input type="checkbox"/> Drive-Thru</p>

Event Space	<p>Will any part of your property be used as an event, party, and/or banquet space? <input type="checkbox"/> Y <input type="checkbox"/> N  <b>If yes, your business will require a Conditional Use Permit. See Zoning Ordinance 8514 T/S 19.18.50 for further information.</b></p>
Tax ID	<p>Applicant SSN: _____ Federal Tax ID #: _____ IN Tax ID: _____</p> <p>Does this business qualify as a nonprofit organization under Internal Revenue Code Section 501(c)(3)? <input type="checkbox"/> Y <input type="checkbox"/> N          If yes, please provide proof of 501(c)(3) status with this application (i.e. Indiana Certificate of Existence, IRS Recognition of Exemption, etc.)</p>
Permits	<p>Restaurant licenses require a Food Service Permit issued by the Lake County Health Department. Do you have one for this business? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If yes, please submit proof of permit with this application.          If no, please contact the Lake County Indiana Health Department at (219) 755-3655.</p> <p>Does this business serve alcohol requiring an Indiana Alcoholic Beverage Permit? <input type="checkbox"/> Y <input type="checkbox"/> N          If yes, please submit proof of permit with this application.  <b>Application will not be approved without proper permits.</b></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> <p><b>I understand if my establishment has amusement devices (video games, juke boxes, pool tables, etc.), a separate Amusement Device License is required.</b></p> <p>_____</p> <p style="text-align: center;">Applicant's Signature</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Date</p>

<b>FOR OFFICE USE ONLY</b>		
<b>ZONING DEPARTMENT</b>	<u>Reviewed &amp; Approved By:</u>	<u>Date:</u>
	<u>NOTES:</u>	
<b>BUILDING &amp; FIRE DEPARTMENTS</b>	<u>Reviewed &amp; Approved By:</u>	<u>Date:</u>
	<u>NOTES:</u>	
<b>POLICE DEPARTMENT</b>	<u>Reviewed &amp; Approved By:</u>	<u>Date:</u>
	<u>NOTES:</u>	
<b>CONTROLLER</b>	<u>Reviewed &amp; Approved By:</u>	<u>Date:</u>
	<u>NOTES:</u>	

Revision 3 (7/25/24)