

Receipt # _____

CITY OF HAMMOND, INDIANA APPLICATION For
FESTIVALS, CIRCUS, AUCTIONS, SHOWS AND

License _____

EXHIBITS LICENSE

Date ____ / ____ / ____

FEE: \$100.00 PER DAY

Applicant's Name _____

Address _____

Phone # () - _____

City _____ State _____ Zip _____

Fax # () - _____

Sponsoring Organization _____

Phone # () - _____

Address _____

Fax # () - _____

City _____ State _____ Zip _____

Name of Exhibit _____

Location of Exhibit Address _____ City _____

Type of Exhibit _____

Days Open _____ Business Hours _____

I swear that _____ will realize all profits and income derived from this event.

I hereby testify that I am familiar with the ordinances of the City of Hammond, Indiana, governing the operation of the above mentioned business, and I hereby further swear that I will not myself do, or authorize or permit any act to be done in violation of the laws of the United States of America, the State of Indiana, or the ordinances of the City of Hammond, Indiana in or about my place of operation. All the answers made by me to the foregoing questions are true and are made for the sole purpose of obtaining a license from the City of Hammond to operate a lawful business.

LIABILITY

This business license is 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 this license. Nothing in the granting or issuance of this license creates liability on behalf of the City of Hammond, its agents or assigns and license holder assumes all liability and responsibility for the licensed premises.

APPLICATION FEES ARE NONREFUNDABLE.

Applicants Signature _____ Date _____

Print Name _____

