



**Business License
Notice of Business Closure**

Date _____

License # _____

Business _____

Address _____

Phone # _____

I certify that the above-named business is no longer providing goods and services within the city limits of Hammond, Indiana and therefore relinquish all Hammond business licenses associated with said business as of this date.

Owner (Please Print) **Signature**

Owner Address

Owner Phone #

Internal Use Only		
Recv'd by _____	Date _____	
Copy sent to: Building _____	Date _____	Initials _____
Law Department _____	Date _____	Initials _____

City of Hammond
Controller's Office
5925 Calumet Avenue
Hammond, Indiana 46320

219.853.6324
Fax: 219.853.6345
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