



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

Date: _____

Fee: _____

Receipt #: _____

BUSINESS LICENSE RENEWAL APPLICATION

Application Type & Fees	<p style="text-align: center;">Application and processing fees are <u>nonrefundable</u>. Licenses expire annually on June 30th.</p> <p style="text-align: center;">\$105.00 – Renewal applications received by July 31st \$305.00 – Renewal applications received after July 31st</p> <p style="text-align: center;">Please select the type of application you wish to renew:</p> <p style="text-align: center;"><input type="checkbox"/> General Business <input type="checkbox"/> Restaurant <input type="checkbox"/> Public Garage <input type="checkbox"/> Junkyard <input type="checkbox"/> Pawn Broker</p> <p style="text-align: center;"><input type="checkbox"/> Second-Hand Shop <input type="checkbox"/> Pet Shop <input type="checkbox"/> Festival/Circus/Exhibit <input type="checkbox"/> Auto Dealer</p>
Business information	<p>Are there any changes to the business information listed on your most recent application? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please complete this section.</p> <p>Business Name (DBA): _____</p> <p>Business Location: _____ Street Address (no PO Box) UNIT/STE/APT</p> <p>Business Mailing Address: _____</p> <p>Business Phone: _____ Business Fax (if applicable): _____</p> <p>Business Email: _____ Business Website (if applicable): _____</p>
Applicant Information	<p>Are there any changes to applicant information listed on your most recent application? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please complete this section.</p> <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>Applicant Mailing Address: _____</p> <p>Applicant Phone: _____ Applicant Email: _____</p> <p>List Officers/Associates/Partners (if applicable): _____</p>

Tax Information	<p>Are there any changes to the tax information listed on your most recent application? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please complete this section.</p> <p>Applicant SSN: _____ Federal Tax ID Number: _____</p> <p>IN Tax ID: _____ Professional License Number (if applicable): _____</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>Are there any changes to the required permits needed? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please complete this section and provide proof of permit(s).</p> <p>Is this business a Food Service Establishment requiring a permit from the Lake County Health Department? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please submit proof of permit with this application.</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.</p>
Business Description	<p>Are there any changes to your business description? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please complete this section.</p> <p>Type of Business: _____</p> <p>Primary Use: _____ Please provide a brief description of business activities</p> <p>Days Open: _____ Business Hours: _____</p> <p>Property Owner: _____ Property Owner Phone: _____</p> <p>Property Owners Address: _____</p> <p>Dimensions of Building (Sq. Ft.): _____ # of parking spaces: _____</p>
Supplemental Information	<p><u>Public Garage</u> - Please attach proof of current liability insurance. Refer to I.C. 9-10-2-11 for current insurance minimum limits.</p> <p><u>Auto Dealer</u> – Please attach proof of current liability insurance. Refer to Secretary of State, Auto Dealer Services Division (www.in.gov/sos/dealer/) for current insurance minimum limits.</p> <p><u>Pawn Broker</u> – Please attach proof of the following:</p> <ul style="list-style-type: none"> • Current Indiana Pawnbroker’s License as required by I.C. 28-7-5-3. • Current membership to LEAD-ON-LINE.com. • Bond in the amount of \$500 as required by HMC §118.21. <p><u>Second-Hand Resale</u> – Please attach proof of the following:</p> <ul style="list-style-type: none"> • Current membership to LEAD-ON-LINE.com • Bond in the amount of \$250 as required by 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>
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