



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

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

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

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

## APPLICATION FOR A GENERAL BUSINESS LICENSE

<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 – Renewal applications received by July 31<sup>st</sup> and New Businesses</b></p> <p><b>\$305.00 – Renewal applications received after July 31<sup>st</sup></b></p>
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Application Type (select applicable):  New Business (new businesses require photo ID)     Renewal

<b>Business information</b>	Business Name (DBA): _____  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> Business Mailing Address: _____  Business Phone: _____      Business Fax (if applicable): _____  Business Email: _____      Business Website (if applicable): _____
<b>Applicant Information</b>	This business is a: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/Corp. <input type="checkbox"/> Other _____  Name of Sole Proprietorship/Partnership/LLC or Corporation: _____  Applicant Name: _____      Title: _____      Date of Birth: _____  Applicant Mailing Address: _____  Applicant Phone: _____      Applicant Email: _____
<b>Tax Information</b>	Applicant SSN: _____      Federal Tax ID Number: _____  IN Tax ID: _____      Professional License Number (if applicable): _____  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.)
<b>Permits</b>	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.  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>Business Description</b>	<p>Type of Business: _____</p> <p>Primary Use: _____  <small>Please provide a brief description of business activities</small></p> <p>Days Open: _____ Business Hours: _____</p> <p>List Officers/Associates/Partners (if applicable): _____</p> <p>Property Owner: _____ Property Owner Phone: _____</p> <p>Property Owners Address: _____</p>
<b>Acknowledgements</b>	<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;"> _____  Applicant's Signature </p> <p style="text-align: center;"> _____  Date </p>

**FOR OFFICE USE ONLY**

<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>	