



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

Date: _____

Fee: _____

Receipt #: _____

PEDDLER & POP-UP VENDOR LICENSE APPLICATION

Fees	<p>Peddler & Pop-Up Vendor fees are \$105.00. Application and processing fees are <u>nonrefundable</u>. Licenses expire annually on December 31st regardless of the date issued. A new application is required each calendar year.</p>
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Applicant Information	<p>Applicant Name: _____ Title: _____ Date of Birth: _____</p> <p>Applicant Mailing Address: _____</p> <p>Applicant Phone: _____ Applicant Email: _____</p> <p>Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide employer information: _____</p> <p>_____</p> <p>Have you been convicted of any felony, misdemeanor, or violation of municipal ordinance? If yes, please explain: _____</p> <p>Provide two character references: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Reference #1 Name</td> <td style="width: 50%; text-align: center;">Reference #1 Phone No.</td> </tr> <tr> <td style="width: 50%; text-align: center;">Reference #2 Name</td> <td style="width: 50%; text-align: center;">Reference #2 Phone No.</td> </tr> </table>	Reference #1 Name	Reference #1 Phone No.	Reference #2 Name	Reference #2 Phone No.
Reference #1 Name	Reference #1 Phone No.				
Reference #2 Name	Reference #2 Phone No.				
Tax ID	<p>Federal ID # or Social Security Number: _____</p> <p>IN Tax ID: _____ Professional License Number (if applicable): _____</p>				
Business Description	<p>Type of Business: <input type="checkbox"/> Peddler <input type="checkbox"/> Pop-Up Vendor</p> <p>Primary Use: _____ <small>Please provide a brief description of the goods, wares, property, or services to be sold</small></p> <p>Intended dates of sale: _____ <small>Pop-Up Vendors are permitted to sell 7 days per calendar year (may be non-consecutive)</small></p> <p>Description of structure or stand used to sell goods or services: _____</p> <p>_____</p> <p>Vehicle Make, Model, VIN, and/or License Plate No., if applicable: _____</p> <p>_____</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 holder assumes all liability and responsibility for the licensed premises.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Applicant's Signature</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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FOR OFFICE USE ONLY		
POLICE DEPARTMENT	<u>Reviewed & Approved By:</u>	<u>Date:</u>
	<u>NOTES:</u>	
CONTROLLER	<u>Reviewed & Approved By:</u>	<u>Date:</u>
	<u>NOTES:</u>	