



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

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

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

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

## PUBLIC GARAGE LICENSE APPLICATION

<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: _____ <small style="display: block; text-align: center; margin: 0 auto;">Street Address (no PO Box) <span style="margin-left: 150px;">UNIT/STE/APT</span></small>  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 ID</b>	Federal ID # or Social Security Number: _____  IN Tax ID: _____ Professional License Number (if applicable): _____
<b>Business Description</b>	Primary Use: _____ <small style="display: block; text-align: center; margin: 0 auto;">Please provide a brief description of services performed at this business</small>  Days Open: _____ Business Hours: _____  List Officers/Associates/Partners (if applicable): _____  Property Owner: _____ Property Owner Phone: _____  Property Owners Address: _____

<b>Insurance</b>	<p style="text-align: center;"><b>APPLICATION WILL NOT BE APPROVED WITHOUT PROPER INSURANCE COVERAGE.</b></p> <p>Please attach proof of the following liability insurance minimums:</p> <ul style="list-style-type: none"> <li>• \$10,000 property damage</li> <li>• \$15,000 bodily injury</li> <li>• \$30,000 accident</li> </ul>
<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;">_____</p> <p style="text-align: center;">Applicant's Signature <span style="float: right;">_____</span> Date</p>

<b>FOR OFFICE USE ONLY</b>		
<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>	