Receipt #	CITY OF HAMMOND,			
	RESTAURANT, BAR, FEE: \$100.00 No Alco			Doto / /
New Business		•		Applicants Require a Photo ID
Business Name				IN Tax ID
Address				Phone # () -
City	State	Zip		Fax # () -
Applicant's Name				Phone # () -
Address				Date of Birth / /
City	State	Zip		Social Security #
	Partner	ship		Corporation
List Officers, Associates		,	1	Ossial Ossa ett. #
	Date of Birth			
				StatePosition
2	Date of Birth	/		Social Security #
Address	City			StatePosition
Property Owner _			Phone #	# <u>() - </u>
Address			City	State
Days Open	Business Hours			Employees (Per Shift)
TOTAL # OF SEATS BAR & COUNTER BOOTHS & TABLES				
CARRY OUT ONLY DRIVE-THRU WINDOW				
IS BUILDING ENCLOS	SED? DIM	ENSIO	NS OF BLDG (SQFT)
DOES SITE HAVE PA	RKING AREA? IS IT	PAVE	D?	# OF PARKING SPACES
WILL THERE BE A SIGN? HAS REMODELING BEEN DONE				
If Amusement Devices, Video Games, Juke Box, Pool Table, etc, in Use, an Amusement License is Required.				
LICENSES EXPIRE DECEMBER 31 ST . APPLICATION FEES ARE <u>NONREFUNDABLE</u> .				
RENEWAL APPLICATIONS RECEIVED AFTER JANUARY 31 WILL BE CHARGED TRIPLE THE FEE. LATE FEES WILL NOT BE WAVED FOR ANY REASON.				
I hereby testify that I am familiar with the ordinances of the City of Hammond, Indiana, governing the operation of the above mentioned business, and I hereby further swear that I will not myself do, or authorize or permit any act to be done in violation of the laws of the United States of America, the State of Indiana, or the ordinances of the City of Hammond, Indiana in or about my place of operation. All the answers made by me to the foregoing questions are true and are made for the sole purpose of obtaining a license from the City of Hammond to operate a lawful business.				
agree to abide and be bound	d by all Federal, State, and Local regulat suance of this license creates liability on b	tions appl	licable, and violat	siness License applicants, by submitting this application, ion of same is grounds for termination of this license, and, its agents or assigns and license holder assumes all
Applicant'	's Signature			Date
Approved by:				
Zoning Dept _			Fire Inspec	tor
Building Dept _			Police Dep	t

Health Dept Certificate Yes / No