

**CITY OF HAMMOND, INDIANA APPLICATION For
SPECIAL EVENT
RETAIL SALES/RESTAURANT BOOTH
FEE: \$6.25 PER DAY**

Receipt # _____

License _____

Date ____ / ____ / ____

Name of Event _____

Location of Event _____

Business Name _____ IN Tax ID _____

Address _____ Phone # (____) ____ - ____

City _____ State _____ Zip _____

Applicant's Name _____ Phone # (____) ____ - ____

Address _____

City _____ State _____ Zip _____

Date of Event ____ / ____ / ____ to ____ / ____ / ____

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.

LIABILITY

This business license is 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 this license. Nothing in the granting or issuance of this license creates liability on behalf of the City of Hammond, its agents or assigns and license holder assumes all liability and responsibility for the licensed premises.

APPLICATION FEES ARE NONREFUNDABLE.

Applicants Signature _____

Print Name _____

Food vendor applicants must contact Sarah Anderson at Lake County Health Department (219) 755-3655 for inspection.