

Receipt # _____

**CITY OF HAMMOND, INDIANA APPLICATION For
MESSAGE THERAPY CLINIC/SPA LICENSE**

License _____

FEE: \$100.00

Date ____ / ____ / ____

New Business _____ Renewal _____ **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 # ____ - ____ - ____

Sole Owner _____ Partnership _____ Corporation _____

List Officers, Associates and Partners

1 _____ Date of Birth ____ / ____ / ____ Social Security # ____ - ____ - ____

Address _____ City _____ State _____ Position _____

2 _____ Date of Birth ____ / ____ / ____ Social Security # ____ - ____ - ____

Address _____ City _____ State _____ Position _____

Property Owner _____ Phone # (____) ____ - ____

Address _____ City _____ State _____

**LICENSES EXPIRE DECEMBER 31ST. APPLICATION FEES ARE NONREFUNDABLE.
RENEWAL APPLICATIONS RECEIVED AFTER JANUARY 31 WILL BE CHARGED TRIPLE THE
FEE. LATE FEES WILL NOT BE WAIVED 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.

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.

Applicant's Signature _____ Date _____

Zoning Dept _____

Fire Inspector _____

Building Dept _____

Police Dept _____

Health Dept _____