

Receipt # _____

**CITY OF HAMMOND, INDIANA APPLICATION For
MOBILE RESTAURANTS AND CATERING LICENSE**

License _____

New Business _____

FEE: \$100.00

Date _____ / _____ / _____

Renewal _____

New Business Applicants Require a Photo ID

E-mail Address _____

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 _____

3 _____ Date of Birth _____ / _____ / _____ Social Security # _____ - _____ - _____

Address _____ City _____ State _____ Position _____

Days Open _____ Business Hours _____

EMPLOYEES (PER SHIFT) _____

List Type of Places Where You Will Be Selling _____

Number of Trucks or Units to Operate in Hammond _____

LICENSES EXPIRE DECEMBER 31ST. APPLICATION FEES ARE NONREFUNDABLE.

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 _____ / _____ / _____

Approved by: _____

Health Dept _____

Police Dept _____