

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

**CITY OF HAMMOND, INDIANA APPLICATION For  
PUBLIC GARAGE LICENSE**

License \_\_\_\_\_

New Business \_\_\_\_\_

**FEE: \$100.00**

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Insurance Requirements: \$10,000 Property Damage,  
\$15,000 Bodily Injury, \$30,000 Accident**

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 \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Days Open \_\_\_\_\_ Business Hours \_\_\_\_\_

Provide a Brief Description of Services Being Performed at This Location \_\_\_\_\_

If Amusement Devices, Video Arcade Games, etc, in Use, an Amusement License is Required.

**LICENSES EXPIRE DECEMBER 31<sup>ST</sup>. 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.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by:

Zoning Dept \_\_\_\_\_

Fire Inspector \_\_\_\_\_

Building Dept \_\_\_\_\_

Police Dept \_\_\_\_\_