



CITY OF HAMMOND
5925 Calumet Avenue • Hammond, Indiana • 46320

Date: _____

Fee: _____

Receipt #: _____

TEMPORARY FOOD VENDOR APPLICATION

(Food/beverage vendors for outdoor food or farmers markets, festivals, fairs, carnivals, circuses, or other similar gatherings)

Fees	<p>\$25.00 license fee per event. Fees are <u>nonrefundable</u>.</p> <p>Please note – If you hold a current food vendor or restaurant license with the City of Hammond, the fee for a Temporary Food Vendor license is waived. Proof of license must be submitted with this application.</p>
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Y N Do you have a current Mobile Food Vendor, Restaurant, or Itinerant Restaurant license? If yes, proof of license must be submitted with this application.

Event Information	<p>Name of Event: _____ Event Location: _____</p> <p>Date of Event: ___/___/___ to ___/___/___ Event Contact Person: _____</p> <p>Event Details: _____</p>
Business information	<p>Business Name (DBA): _____</p> <p>Mailing Address: _____</p> <p style="text-align: center; font-size: small;">Street Address (no PO Box) UNIT/STE/APT</p> <p style="text-align: center; font-size: small;">_____</p> <p style="text-align: center; font-size: small;">City State Zip Code</p> <p>Phone: _____ Fax (if applicable): _____</p> <p>Email: _____ Website (if applicable): _____</p> <p>Tax ID No.: _____</p>
Applicant Information	<p>Applicant Name: _____ Title: _____ Date of Birth: _____</p> <p>Mailing Address: _____</p> <p>Phone: _____ Email: _____</p>
Business Description	<p>Food/Drink to be sold: _____</p> <p>_____</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Do you have the required Temporary Food Service Permit from the Lake County Health Department?</p> <p>If yes, please submit proof of permit with this application. If no, please contact the Lake County Indiana Health Department at (219) 755-3655.</p>

Acknowledgements	<p>I, the undersigned, under penalty of perjury, state that I am the applicant for this business license. I swear that the information furnished by me on this application is true and correct. I understand fees associated with this application are nonrefundable. I agree to notify the City of any changes in this business ownership or address. I swear that I will not myself act, authorize, or permit anyone to act in violation of federal laws, state laws, or the ordinances of the City of Hammond, Indiana in or about my place of business.</p> <p>This business license shall be 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 a license. Nothing in the granting or issuance of a license creates liability on behalf of the City of Hammond, its agents, employees, or assigns, and a business license holder assumes all liability and responsibility for the licensed premises.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Applicant's Signature _____ Date</p>
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FOR OFFICE USE ONLY		
CONTROLLER	<u>Reviewed & Approved By:</u>	<u>Date:</u>
	<u>NOTES:</u>	