



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

Date: _____

Fee: _____

Receipt #: _____

APPLICATION FOR A GENERAL BUSINESS LICENSE

Hammond Municipal Code §119.03

Fees	<p>Application and processing fees are <u>nonrefundable</u>. Licenses expire annually on June 30th. \$105.00 – New Businesses</p>
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Business information	<p>Business Name (DBA): _____</p> <p>Business Location: _____ <small style="display: inline-block; width: 30%; text-align: center;">Street Address (no PO Box)</small> <small style="display: inline-block; width: 30%; text-align: center;">UNIT/STE/APT</small></p> <p>Business Mailing Address: _____</p> <p>Business Phone: _____ Business Fax (if applicable): _____</p> <p>Business Email: _____ Business Website (if applicable): _____</p>
Event Space	<p>Will any part of your property be used as an event, party, and/or banquet space? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, your business will require a Conditional Use Permit. See Ordinance 9625 for further information.</p>
Applicant Information	<p>This business is a: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/Corp. <input type="checkbox"/> Other _____</p> <p>Name of Sole Proprietorship/Partnership/LLC or Corporation: _____</p> <p>Applicant Name: _____ Title: _____ Date of Birth: _____</p> <p>Applicant Mailing Address: _____</p> <p>Applicant Phone: _____ Applicant Email: _____</p>
Tax Information	<p>Applicant SSN: _____ Federal Tax ID Number: _____</p> <p>IN Tax ID: _____ Professional License Number (if applicable): _____</p> <p>Does this business qualify as a nonprofit organization under Internal Revenue Code Section 501(c)(3)? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please provide proof of 501(c)(3) status with this application (i.e. Indiana Certificate of Existence, IRS Recognition of Exemption, etc.)</p>

Permits	<p>Restaurant licenses require a Food Service Permit issued by the Lake County Health Department. Do you have one for this business? <input type="checkbox"/> Y <input type="checkbox"/> N</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> <p>Does this business serve alcohol requiring an Indiana Alcoholic Beverage Permit? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please submit proof of permit with this application.</p> <p style="text-align: center;">Application will not be approved without proper permits.</p>
Business Description	<p>Type of Business: _____</p> <p>Primary Use: _____ Please provide a brief description of business activities</p> <p>Days Open: _____ Business Hours: _____</p> <p>List Officers/Associates/Partners (if applicable): _____</p> <p>Property Owner: _____ Property Owner Phone: _____</p> <p>Property Owners Address: _____</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 hold 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>

FOR OFFICE USE ONLY		
ZONING DEPARTMENT	<u>Reviewed & Approved By:</u>	<u>Date:</u>
	<u>NOTES:</u>	
BUILDING & FIRE DEPARTMENTS	<u>Reviewed & Approved By:</u>	<u>Date:</u>
	<u>NOTES:</u>	
POLICE DEPARTMENT	<u>Reviewed & Approved By:</u>	<u>Date:</u>
	<u>NOTES:</u>	
CONTROLLER	<u>Reviewed & Approved By:</u>	<u>Date:</u>
	<u>NOTES:</u>	

Revision 2 (5/2/24)