



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

Date: \_\_\_\_\_

Fee: \_\_\_\_\_

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

## BUSINESS LICENSE RENEWAL APPLICATION

<b>Application Type &amp; Fees</b>	<p><b>Application and processing fees are <u>nonrefundable</u>. Licenses expire annually on June 30<sup>th</sup>.</b>  <b>\$105.00 – Renewal applications received on or before July 31<sup>st</sup></b>  <b>\$305.00 – Renewal applications received after July 31<sup>st</sup></b></p> <p style="text-align: center;">Please select the type of application you wish to renew:</p> <p style="text-align: center;"> <input type="checkbox"/> General Business           <input type="checkbox"/> Restaurant           <input type="checkbox"/> Public Garage           <input type="checkbox"/> Junkyard           <input type="checkbox"/> Pawn Broker   <input type="checkbox"/> Second-Hand Shop           <input type="checkbox"/> Festival/Circus/Exhibit           <input type="checkbox"/> Auto Dealer   <input type="checkbox"/> Event Space (if any part of your property is to be used for an event/party/banquet space you <b>MUST</b> check this box. <b>Your business will require a Conditional Use Permit. See Ordinance 9625 for further information.</b>)       </p>
<b>Business information</b>	<p>Business Name (DBA): _____</p> <p>Business Location: _____  <small style="display: inline-block; width: 300px; text-align: center;">Street Address (no PO Box)</small> <span style="margin-left: 100px;">UNIT/STE/APT</span></p> <p>Business Mailing Address: _____</p> <p>Business Phone: _____ Business Fax (if applicable): _____</p> <p>Business Email: _____ Business Website (if applicable): _____</p>
<b>Applicant Information</b>	<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> <p>List Officers/Associates/Partners (if applicable): _____</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>Is this business a Food Service Establishment requiring a permit from the Lake County Health Department? <input type="checkbox"/> Y <input type="checkbox"/> N  If yes, please submit proof of permit with this application. If you do not have the necessary permit, 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;"><b>Application will not be approved without proper permits.</b></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>Property Owner: _____ Property Owner Phone: _____</p> <p>Property Owners Address: _____</p> <p>Dimensions of Building (Sq. Ft.): _____ # of parking spaces: _____</p>
Supplemental Information	<p><b>Public Garage</b> - Please attach proof of current liability insurance. Refer to I.C. 9-10-2-11 for current insurance minimum limits.</p> <p><b>Auto Dealer</b> – Please attach proof of current liability insurance. Refer to Secretary of State, Auto Dealer Services Division (<a href="http://www.in.gov/sos/dealer/">www.in.gov/sos/dealer/</a>) for current insurance minimum limits.</p> <p><b>Pawn Broker</b> – Please attach proof of the following:</p> <ul style="list-style-type: none"> <li>• Current Indiana Pawnbroker’s License as required by I.C. 28-7-5-3.</li> <li>• Current membership to LEAD-ON-LINE.com.</li> <li>• Bond in the amount of \$500 as required by HMC §118.21.</li> </ul> <p><b>Second-Hand Resale</b> – Please attach proof of the following:</p> <ul style="list-style-type: none"> <li>• Current membership to LEAD-ON-LINE.com</li> <li>• Bond in the amount of \$250 as required by HMC §118.39</li> </ul>

<b>Acknowledgements</b>	<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 <span style="float: right;">Date</span></p>
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