## CHANGE OF BUSINESS LOCATION Hammond Municipal Code §119.08

	Business Name (DBA):				
on	Business IN Tax ID and/or EIN:				
Business information	Old Business Location: _				
	New Business Location:	Street Address (no PO Box	·)	UNIT/STE/APT	
	Business Phone: Business Email:				
Responsible Party Information	Responsible Party Name: Title:				
	Responsible Party Mailing Address:  Street Address (no PO Box)  UNIT/STE/APT				
	City	State		Zip code	
Re	Responsible Party Phone: Responsible Party Email:				
cknowledgements	Under penalties of perjury, I declare that I have examined this application, and to the best of r knowledge and belief, it is true, correct, and complete. I agree to notify the City of Hammond of further changes to the above listed business within 30 days of said change. An updated busine license shall be issued upon the representations made at the time of this form submission in conjunction with information provided on the original business application.				
Ack	Responsible Party Signature			Date	
Revision 1 (2/2/24)					
FOR OFFICE USE ONLY					
		Reviewed & Approved I	<u>By:</u> <u>Da</u>	ate:	
	CONTROLLER	NOTES:			