

City of East Chicago

2022 Business Registration License Application

General Business Information (To be completed by Owner/Manager of Establishment)

Business Name _____ DBA _____

Business Address _____ City _____ State _____ Zip _____

Preferred Mailing Address
(If different from above) _____

Business Telephone No. (____) _____ Business Fax No. (____) _____

Email Address _____

Include the I.D. numbers that pertain to your business

Federal Employer I.D. Number (FEIN) _____ - _____

Indiana Taxpayer I. D. Number (IN.TID) _____ - _____
(10 digits) (LOC #)

Individual Taxpayer I.D. Number (ITIN) 9 _____ - _____ - _____

Type of Operation: _____ Sole Proprietor _____ Partnership _____ Corporation

Business Contact Information - (Include copy of Driver's License, I. D. or Passport)

Business Owner's Name _____

Home Telephone No. (____) _____ Cell No. (____) _____

Home Address _____ City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

Email Address _____

Manager's Name _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone No. (____) _____ Cell No. (____) _____

Email Address _____

List Officers, Associates and Partners - (Include copy of Driver's License, I. D. or Passport)

1. _____ Date of Birth ____/____/____ S.S. No. _____
Address _____ City _____ State _____ Zip _____ Position _____
Telephone No. (____) _____ Email Address _____

2. _____ Date of Birth ____/____/____ S.S. No. _____
Address _____ City _____ State _____ Zip _____ Position _____
Telephone No. (____) _____ Email Address _____

Property Owner Information

Do you: _____ Own _____ Rent (If renting, please list building owner's information below)

Property Owner's Name _____

Address _____ City _____ State _____ Zip _____

Building Owner's Telephone No. (____) _____

Description of Business

Please give a detailed description of all business conducted at that location. _____

Operating Days & Hours _____

Will liquor be served on the premise? _____ NO _____ YES **(If yes, please attach copy of liquor license)**

Will food be served or sold on the premise? _____ NO _____ YES **(If yes, please contact E.C. Health Department, Office of Inspection at 219/391-8414)**

Authorization

I hereby testify that I am familiar with the ordinances of the City of East Chicago, Indiana, as well as Indiana State law 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 East Chicago, 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 East Chicago 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 the license creates liability on behalf of the City of East Chicago, its agents or assigns and license holder assumes all liability and responsibility for the licensed premises. Additional information may be required by various City Departments to complete the application process.

Important Information

1. Licenses Expire **MARCH 31, 2023**
2. Application Fees are **NONREFUNDABLE**
3. Renewal applications received after 30 days from expiration date will be **CHARGED 25% LATE FEE.**
4. **LATE FEES WILL NOT BE WAIVED FOR ANY REASON.**

Applicant's Signature _____ Date _____

Zoning Administration Review – (Approval for New Businesses Only)

Zoned _____

Approved by _____ Title _____

Date _____ **Approved** _____ **Denied** _____

If denied, list reason _____
