

# City of East Chicago

## 2023 Business Registration License Application

### General Business Information (To be completed by the Business Owner)

Business Name \_\_\_\_\_ DBA \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Mailing Address  
if different from above \_\_\_\_\_

Business Telephone No. (\_\_\_\_) \_\_\_\_\_ Business Fax No. (\_\_\_\_) \_\_\_\_\_

Business Email Address \_\_\_\_\_

#### Include the I.D. numbers that apply 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 a copy of a 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 \_\_\_\_\_

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Manager's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Telephone No. (\_\_\_\_) \_\_\_\_\_ Cell No. (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**List Officers, Associates, and Partners - (Include a copy of a 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

Property Owner's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Building Owner's Telephone No. (\_\_\_\_) \_\_\_\_\_

**Description of Business**

**Provide a detailed explanation of the business operations**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Operating Days & Hours \_\_\_\_\_

Will liquor be served on the premise? NO \_\_\_\_\_ YES \_\_\_\_\_ **If yes, please attach a copy of the 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 219/391-8467**

## 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 the 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. License Expires **MARCH 31, 2024**
2. Application Fees are **NONREFUNDABLE**
3. Renewal applications received after 30 days from the 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** \_\_\_\_\_

Comments \_\_\_\_\_

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