



City of Whiting Business Registration License Application

Year _____

To be completed by Owner/Manager of Establishment

General Business Information

Business Name _____	Business Telephone () _____
Business Fax # () _____	Email Address _____
Business Address _____	Whiting, IN 46394
Preferred Mailing Address (If different from above) _____	City, State Zip _____
IN State Tax Number or Federal ID # (Must be Included) _____	
Type of Operation: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation: _____	<small>If corporation, please list full Name and Principal Place of Business</small>
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent	<small>If renting, please list building owner's information below</small>
Building Owner's _____	
Mailing Address _____	City, State Zip _____
Building Owner's Telephone # () _____	

Business Contact Information

Business Owners Name _____	
Business Owner's Telephone # () _____	
Home Address _____	City, State, Zip _____
Email Address _____	
Manager's Name _____	
Home Address _____	City, State, Zip _____
Home Telephone Number () _____	
Manager's Cellular Telephone # () _____	Email Address _____

Miscellaneous Information

Brief Description of Business _____

Business Operations Indoor Outdoor Indoor/Outdoor

If Outdoor or Indoor/Outdoor,
was a sidewalk café license acquired: Yes No

Operating Days & Hours _____

Will liquor be served on the premises? No Yes If yes, please attach copy of liquor license

Will food be served or sold on the premises? No Yes If yes, please contact Lake County Health Department

Authorization

I hereby attest that I will not do, authorize or permit any act to be done in violation of the laws of the United States of America, the laws of the State of Indiana or the Ordinances of the City of Whiting, Indiana in or about my place of business. All of the answers made by me in the foregoing questions are true and are submitted for the purpose of procuring a license from the City of Whiting, Indiana to operate a lawful business.

Date _____ Signature _____

License Fee: \$50.00

Mail to: City of Whiting
Clerk-Treasurer
P.O. Box 230
Whiting, IN 46394

For Internal Use Only

Business Info

Business Name _____

Address _____

Zoning Administrator Review

Completed by _____

Title _____

Completed on _____

Approve

Deny

If denied, cite Whiting Municipal Code authority _____

Whiting Fire Inspector Review

Completed by _____

Title _____

Completed on _____

Approve

Deny

If denied, cite Fire Code authority _____

Whiting Electrical Inspection

Completed by _____

Title _____

Completed on _____

Approve

Deny

If denied, cite Whiting Municipal/Electrical Code authority _____

Whiting Building Department Inspection

Completed by _____

Title _____

Completed on _____

Approve

Deny

If denied, cite Whiting Municipal/Building Code authority _____