



1969 Central Avenue  
Lake Station, IN 46405  
Phone (219) 962-2081 Ext. 204 Fax (219) 963-9275  
Clerk Treasurer: Brenda Samuels

**BUSINESS LICENSE APPLICATION - MUST RETURN WITH PAYMENT**

Date of Application: \_\_\_\_\_

License No. \_\_\_\_\_  
OFFICE USE ONLY DO NOT FILL OUT

Name of Business: (Please Print) \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

Type of business: Sec 4-93.c. Description of building, equipment and specialized machinery in use at each location within the City and a description of the business related activities at each such location; Please List:

Sec 4-93.d. A statement of those explosives, hazardous, flammable, infectious or otherwise dangerous material or substance kept at any location in substantial quantity and whether the business applicant holds any permit or license by any agency of the State or Federal Government for the possession, storage, and use of same. If such permit of license is held by the applicant, a copy shall be provided with and attached to this application. Application process may take a minimum of ten (10) days for inspection and/or approval.

PROPERTY OWNER: Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

BUSINESS OWNER: Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

I, \_\_\_\_\_ understand that I must comply with all City, State and Federal Codes and Zoning Laws. Make Checks Payable to: City of Lake Station. Application fee: \$50.00 Non-Refundable fee. Application must be filled out completely and signed to be approved. If payment is not received by March 1<sup>st</sup> of each calendar year a \$100 late fee will be assessed. Furthermore, if payment is not received by June 1<sup>st</sup> of each calendar year an additional \$100 late fee will be assessed.

**City to complete section below:**

Date of Inspection: _____	Approved: _____	Denied: _____
Zoning Officer: _____	If denied please state reasons. _____	
_____		