

TOWN OF DYER BUSINESS LICENSE

TOWN OF DYER, CLERK TREASURER'S OFFICE
ONE TOWN SQUARE DYER, IN 46311
PHONE# 219-865-2421 FAX# 219-865-4232

2021

FEE: \$ 50.00

IF RECEIVED AFTER 03/31/21: \$ 100.00

DATE SUBMITTED: _____

VALID THROUGH 03/31/2022

PLEASE PRINT LEGIBLY OR TYPE

APPLICATION TYPE: RENEWAL NEW

BUSINESS INFORMATION:

OWNER/MANAGER INFORMATION:

OWNER MANAGER OTHER _____

BUSINESS NAME: _____

OWNER NAME: _____

ADDRESS: _____

HOME ADDRESS : _____

CITY, STATE & ZIP: DYER, INDIANA 46311

CITY, STATE & ZIP: _____

BUSINESS TELEPHONE#: _____

OWNER TELEPHONE #: _____

EMAIL : _____

TYPE OF BUSINESS: _____ # OF EMPLOYEES: _____

FORMS WILL BE MAILED TO DYER BUSINESS ADDRESS (UNLESS OTHERWISE STATED BELOW)

MAIL CERTIFICATE AND RENEWAL TO: _____

EMERGENCY CONTACTS: PRINT THE NAMES OF PERSONS TO BE CALLED IN THE EVENT OF AN EMERGENCY OR BUSINESS IRREGULARITY AFTER BUSINESS HOURS. LIST IN ORDER THE PREFERENCE IN WHICH YOU WISH THEM TO BE CONTACTED. PLEASE CONTACT OUR OFFICE WITH ANY CHANGES.

NAME	TITLE	PHONE NUMBER
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

I ACKNOWLEDGE THAT I AM SUBJECT TO THE TOWN OF DYER MUNICIPAL CODE CHAPTER 6 ARTICLE 4 WHICH REGULATES AUTOMATIC AND MANUAL ALARM SYSTEMS. THE FINE STRUCTURE IS UNDERSTOOD TO BE THE FIRST 3 ALARMS ARE NO CHARGE, THE 4TH ALARM IS \$100.00, THE 5TH ALARM IS \$250.00, AND EVERY ALARM THEREAFTER WILL RESULT IN A \$500.00 FINE.

I HEREBY TESTIFY THAT I AM FAMILIAR WITH THE ORDINANCES OF THE TOWN OF DYER, INDIANA, 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 TOWN OF DYER, 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 TO OPERATE A LAWFUL BUSINESS

SIGNATURE OF OWNER: _____ **DATE:** _____

FOR OFFICE USE ONLY:

FEE : \$ _____ **LATE FEE IF AFTER 3/31**

BUSINESS LICENSE # : _____

RECEIVED BY: _____ DATE ISSUED: _____