

# 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

# 2022

**FEE: \$ 50.00**

**IF RECEIVED AFTER 03/31/22: \$ 100.00**

DATE SUBMITTED: \_\_\_\_\_

VALID THROUGH 03/31/2023

PLEASE PRINT LEGIBLY OR TYPE

APPLICATION TYPE:  RENEWAL  NEW

### BUSINESS INFORMATION:

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP: DYER, INDIANA 46311  
BUSINESS TELEPHONE#: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ # OF EMPLOYEES: \_\_\_\_\_

### OWNER/MANAGER INFORMATION:

OWNER  MANAGER  OTHER \_\_\_\_\_

OWNER NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP: \_\_\_\_\_  
OWNER TELEPHONE #: \_\_\_\_\_

**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: \_\_\_\_\_