

Town of Speedway

**HOTEL, MOTEL,
LICENSE
APPLICATION**

H-_____

Date_____

Name of Applicant_____ Phone # (____)_____

Address_____

_____ Zip_____

Former Address if less than 3 years_____

Business Name_____ Phone (____)_____

Address:_____ Zip_____

State of Incorporation_____ Year_____

(If applicant is corporation, please attach a certificate from the Secretary of State of Indiana certifying that the applicant is a corporation in good standing under the laws of the State and is certified to do business in the State.)

Names of Partners or Corporate Officers and Home Addresses:

1. _____ 2. _____

3. _____ 4. _____

Name of Registered Agent_____

Address_____ Zip_____

How long has the business been in Speedway or State of Indiana? _____ yrs _____ mos.

Any previous business address within last 2 years. _____

Has the applicant or any partner or corporate officer for the applicant business ever been denied a hotel license by the Town of Speedway, or had license revoked or suspended? _____

Has the applicant or any partner or corporate officer of the applicant business ever been convicted of a felony? _____ If yes, what year? _____

Have all taxes due Town, County, and/or State been paid? _____

Explanation: _____

_____ (over)

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Please provide the following information for the business manager or management company.

Name	Address	City	Phone	Designation
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With signature affixed below, the applicant states that: he/she agrees to conduct, maintain, and s the hotel and its premises so as to not create a nuisance, or permit conduct or activity at the hotel or on premises that endangers the public health or welfare; the applicant has, or will implement, policies and procedures reasonably calculated to ensure that no illegal conduct or practice will take place at the hotel or on its premises; and that the applicant certifies the accuracy of all information contained in the licens application, and that it does not contain any material omissions and/or materially false or misleading information.

Signature of Applicant_____

Printed:_____