Town of Speedway

Date_____

BUSINESS LICENSE APPLICATION

B-			

Name of Applicant		Phone # ()
Address		
		Zip
E-mail Address		
Business Name		Phone ()
Address:		Zip
Land area size	Building size	Zoning
Type and character of Busine	ess	
What materials and processe	es are used in the business?	
Number of employees	Number of	other occupants
State of Incorporation		Year
•	-	of State of Indiana certifiying that the discertified to do business in the State.)
Names of Partners or Corpor	ate Officers and Office Addres	sses:
1	2	
3	4	
Name of Registered Agent _		
Address	,	Zip
Phone	E-mail address	
How long has the business b	een in Speedway or State of I	ndiana?yrsmos.
Any previous business addre	ss within last 2 years.	

Town of Speedway

BUSINESS LICENSE

B-			

		LIO			D	
Date		APPLI	CATION			
Has the owner or any partner or corporate officer for the applicant business ever been denied a business 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?					
	ue Town, County, and	·				
Please provide the	Please provide the following information for the business manager or management company.					
Name	Address	City	Phone	Email address		
and supervise by or on the premis policies and prod take place in the information conta	ture affixed below, the usiness so as to not cres that endangers the cedures reasonably carbusiness or on its preained in the application misleading informat	reate a nuisance, public health or valculated to ensure emises; and that the n, and that it does	or permit convelfare; the apethat no illegate that no illegate applicant c	duct or activity in the oplicant has, or will all conduct or praction of the operation of t	ne business implement ce will take cy of all	
orginature or App	/IICAHL					