



TOWN OF SPEEDWAY
5300 CRAWFORDSVILLE RD
SPEEDWAY, IN 46224

LANDLORD LICENSE APPLICATION

Please fill out all mandatory fields. **PHOTOCOPY OF GOVERNMENT ISSUED IDENTIFICATION REQUIRED**

NAME OF OWNER _____ **PHONE #** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

E-MAIL ADDRESS _____

BUSINESS NAME _____ **PHONE #** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

NUMBER OF RENTAL UNITS _____ **RENTAL UNIT ADDRESS** _____

ALARM SYSTEM YES/NO **ALARM COMPANY NAME** _____ **ALARM COMPANY PHONE #** _____

(If more than one rental unit, please include address and alarm status on the back of this sheet.)

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 OFFICE ADDRESSES

1. _____ 2. _____

3. _____ 4. _____

NAME OF REGISTERED AGENT _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOW LONG HAS THE BUSINESS BEEN IN SPEEDWAY OR STATE OF INDIANA? _____ **YEARS** _____ **MONTHS** _____

ANY PREVIOUS BUSINESS ADDRESS WITHIN LAST TWO (2) YEARS _____

HAS THE OWNER OR ANY PARTNER OR CORPORATE OFFICER FOR THE APPLICANT BUSINESS EVER BEEN DENIED A LANDLORD LICENSE BY THE TOWN OF SPEEDWAY, OR HAD LICENSE REVOKED OR SUSPENDED? **NO** **YES**

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 _____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE BUSINESS MANAGER OR MANAGEMNT COMPANY

NAME	ADDRESS	CITY	PHONE	E-MAIL ADDRESS

WITH THE SIGNATURE AFFIXED BELOW, THE APPLICANT STATES THAT: HE/SHE AGREES TO CONDUCT, MAINTAIN, AND SUPERVISE ALL RENTAL UNITS SO AS TO NOT CREATE A NUISANCE, OR PERMIT CONDUCT OR ACTIVITY IN THE UNIT OR ON THE 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 IN THE RENTAL UNIT OR ON ITS PREMISES; AND THAT THE APPLICANT CERTIFIES THE ACCURACY OF ALL INFORMATION CONTAINED IN THE APPLICATION, AND THAT IT DOES NOT CONTAIN ANY MATERIAL OMISSIONS AND/OR MATERIALLY FALSE OR MISLEADING INFORMATION.

SIGNATURE OF APPLICANT _____

PRINTED _____

RENTAL UNIT ADDRESS _____

ALARM SYSTEM YES/NO ALARM COMPANY NAME _____ ALARM COMPANY PHONE # _____

RENTAL UNIT ADDRESS _____

ALARM SYSTEM YES/NO ALARM COMPANY NAME _____ ALARM COMPANY PHONE # _____

RENTAL UNIT ADDRESS _____

ALARM SYSTEM YES/NO ALARM COMPANY NAME _____ ALARM COMPANY PHONE # _____

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RENTAL UNIT ADDRESS _____

ALARM SYSTEM YES/NO ALARM COMPANY NAME _____ ALARM COMPANY PHONE # _____

RENTAL UNIT ADDRESS _____

ALARM SYSTEM YES/NO ALARM COMPANY NAME _____ ALARM COMPANY PHONE # _____