



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 # _____

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 # _____