



License To Do Business

Building Department
310 Navajo Trail • Burns Harbor, IN 46304
P 219-787-9187 • F 219-787-0015



buildingclerk@burnsharbor-in.gov • www.burnsharbor-in.gov

Business Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Business Owner: _____

Owner's Address: _____

City, State, Zip _____

Manager
(if other than Owner): _____

Are you familiar with Local Ordinances and State Laws? Yes No

Number of years in business: _____

Have you ever had a License To Do Business revoked? Yes No

If Yes, give details: _____

Applicant Signature

Date

PLEASE DO NOT WRITE IN THIS AREA. THIS IS FOR OFFICE RECORD KEEPING ONLY.

Approved: Denied: Date: _____

License Number: _____ \$50.00 Fee Yes No

Clerk Signature

Date