City of East Chicago
2026 Business License Application

General Business Information (To be completed by the Business Owner)

Business Name_____ DBA_____

Business Address_____ City_____ State _____Zip _____

Preferred Mailing Address
(If different from above)_____

Business Telephone No.(_____)_____Business Fax No. (_____)_____

Email Address_____

Include the I.D. numbers that pertain to your business

Federal Employer I.D. Number (FEIN) _____ _____ - _____ _____ _____ _____ _____ _____ _____

Indiana Taxpayer I. D. Number (IN.TID) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ - _____
(10 digits) (LOC #)

Individual Taxpayer I.D. Number (ITIN) __**9**__ _____ _____ -_____ _____ - _____ _____ _____ _____

Type of Operation: _____ **Sole Proprietor** _____ **Partnership** _____ **Corporation**

Business Contact Information - (Include a copy of your Driver's License, I.D., or Passport)

Business Owner's Name _____

Home Telephone No. (_____)_____Cell No. (_____)_____

Home Address _____City _____ State_____ Zip _____

Social Security No. _____ Date of Birth _____

Email Address _____

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Manager's Name_____

Home Address _____City _____ State_____ Zip _____

Home Telephone No. (_____)_____ Cell No. (_____)_____

Email Address _____

List Officers, Associates and Partners - (Include a copy of Driver's License, I. D. or Passport)

1._____Date of Birth _____/_____/_____S.S. No._____

Address _____City_____State_____Zip_____Position_____

Telephone No. (____)_____ Email Address _____

2._____Date of Birth _____/_____/_____S.S. No._____

Address _____City_____State_____Zip_____Position_____

Telephone No. (____)_____Email Address_____

Property Owner Information

Do you: _____ Own _____ Rent (If renting, please list the building owner's information below)

Property Owner's Name _____

Address _____City _____ State_____ Zip _____

Building Owner's Telephone No. (_____)_____

Email Address_____

Description of Business

Please give a detailed description of all business conducted at that location. _____

_____

_____

_____

_____

_____

Operating Days & Hours _____

Will liquor be served on the premises? NO_____ YES_____ If yes, please attach a copy of the liquor license

Will food be served or sold on the premises? No_____ YES_____ If yes, a Health Department Plan Review Questionnaire will be provided for your submission.

Authorization

I hereby testify that I am familiar with the ordinances of the City of East Chicago, Indiana, as well as Indiana State law governing the operation of the above-mentioned business. I now swear that I will not myself do, authorize, or permit any act to be done in violation of the laws of the United States of America, the State of Indiana, or the ordinances of the City of East Chicago, Indiana in or about my place of operation. All the answers made by me to the foregoing questions are true and are made for the sole purpose of obtaining a license from the City of East Chicago to operate a lawful business.

Liability

This business license is issued upon the representations made at the time of application. All business license applicants, by submitting this application, agree to abide and be bound by all Federal, State, and Local regulations applicable, and violation of same is grounds for termination of this license. Nothing in the granting or issuance of the license creates liability on behalf of the City of East Chicago, its agents, or assigns, and the license holder assumes all liability and responsibility for the licensed premises. Additional information may be required by various City Departments to complete the application process.

Important Information

1. Licenses Expire **MARCH 31, 2027**
2. Application Fees are **NON REFUNDABLE**
3. Renewal applications received after 30 days from the expiration date will be **CHARGED 25% LATE FEE.**
4. **LATE FEES WILL NOT BE WAIVED FOR ANY REASON**.

Applicant's Signature_____ **Date** _____

Zoning Administration Review – (Approval for New Businesses Only)

Zoned_____

Approved by _____Title _____

Date _____ **Approved**_____ **Denied**_____

If denied, list reason _____

_____

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