Business Licensing
1200 Madison Ave, Suite 100
Indianapolis, IN 46225
Phone: (317) 327-4316
Fax: (317) 327-8294

License fee: $20.00

New _____ Renewal _____

APPLICATION FOR TRANSIENT MERCHANT REGISTRATION CITY OF INDIANAPOLIS

Name of applicant: _____

Name of business: _____

Home address: _____ Zip code: _____

Home phone number: _____ Cell phone number: _____

E-mail address: _____

Address of property where transient merchant activity will occur: _____

_____ Zip code: _____

Owner of property where transient merchant activity will occur: _____

_____ Zip code: _____

Legal status of business: Individual Proprietor _____ Partnership _____ LLC _____ Corporation _____

If Corporation or LLC, list state where incorporated or authorized: _____

Resident agent's name: _____

Resident agent's address: _____ Zip code: _____

If Corporation, LLC, or Partnership, list the name and address of each officer, owner, or partner:

_____

_____

_____

_____

Have you ever been arrested or convicted of a felony or misdemeanor? Yes _____ No _____

If so, list type of conviction and jurisdiction _____

_____

Please indicate that you agree or disagree by marking yes or no to the following:

1. Licensee agrees to notify the Controller in writing before assigning or transferring the license to any other person (if permitted by ordinance); Yes _____ No _____

2 Licensee agrees to apply in writing to the Controller before changing the location of the business (if permitted by ordinance); Yes _____ No _____

3 Licensee agrees to notify the Controller in writing before assigning or transferring the license to any other person. Yes ____ No ____

The undersigned affirms under penalty for perjury that the answers, representations, and information provided in this application are true.

Signature: _____

Name printed: _____

Date signed: _____