Dept. of Business & Neighborhood Services
Business Licensing
200 E. Washington St., Suite 107
Indianapolis, IN 46204
Phone: (317) 327-4316
Email: licensing@indy.gov

New ☐ Renewal ☐

License Fee: $286.00

WASTE HAULER LICENSE

Application

Applicant Name _____

Applicant Contact

_____ _____, _____ _____
Street Address *City* *State* *ZIP Code*

_____ _____
Email Address *Phone Number*

Business Name _____

Business Contact

_____ _____, _____ _____
Street Address *City* *State* *ZIP Code*

_____ _____
Email Address *Phone Number*

Applicant Age _____ **Length of time this business has been in Indianapolis** _____

Number of vehicles _____ **Photos included?** _____

Legal Status of Business (check box that applies)

Individual Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐

List the state where incorporated or authorized (if corporation). _____

Registered Agent Name _____

Registered Agent Address

_____ _____, _____ _____
Street Address *City* *State* *ZIP Code*

If a Corporation, list the Principal Office of Corporation. _____

If a Corporation or Partnership, list the name and address of each corporate officer or partner.

_____ _____ _____, _____ _____
Name *Street Address* *City* *State* *ZIP Code*

_____ _____ _____, _____ _____
Name *Street Address* *City* *State* *ZIP Code*

_____ _____ _____, _____ _____
Name *Street Address* *City* *State* *ZIP Code*

_____ _____ _____, _____ _____
Name *Street Address* *City* *State* *ZIP Code*

Has the applicant, partner or any corporate officer of the business ever been arrested or convicted of a felony, misdemeanor or ordinance violation other than a minor traffic charge? If yes, type of conviction and jurisdiction.

Yes ☐ No ☐

_____

_____

Has the applicant or any partner or corporate officer for the applicant business ever been denied a license or had a license revoked or suspended?

Yes ☐ No ☐

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

1. Licensee is in good standing and has not had any license/registration to operate a business revoked/suspended:
   Yes ☐ No ☐
2. Licensee is current with all City, County and State for any taxes, license fees, or any other indebtedness:
   Yes ☐ No ☐
3. The person signing this application has the authority to sign for the business being licensed:
   Yes ☐ No ☐
4. Licensee will permit inspections of the business and premises by public authorities acting pursuant to law:
   Yes ☐ No ☐
5. Licensee will conduct the business and premises in such a manner as not to create a nuisance or any sort of hazard to the public:
   Yes ☐ No ☐
6. Licensee will keep the premises clean and free from any sort of rubbish or combustible or explosive material:
   Yes ☐ No ☐
7. Licensee agrees that the business and the premises on which the business is conducted will not be used for any unlawful purpose:
   Yes ☐ No ☐
8. Licensee agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws ordinances, regulations, orders and decisions of public officials:
   Yes ☐ No ☐
9. Licensee understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated:
   Yes ☐ No ☐
10. Licensee agrees to apply in writing to the Department of Business & Neighborhood Services before changing the location of the business (if permitted by ordinance):
    Yes ☐ No ☐
11. Licensee agrees to give the Department of Business & Neighborhood Services written notice once the business ceases to exist:
    Yes ☐ No ☐
12. Licensee agrees to give the Department of Business & Neighborhood Services written notice if there is any change in the licensed business during the term of the license such that the information provided in the application form is no longer complete or accurate within 30 days after such change occurs
    Yes ☐ No ☐

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

_____

Signature

_____ _____

Name Printed **Date**