

TOWN OF DYER BUSINESS LICENSE

TOWN OF DYER, CLERK TREASURER'S OFFICE
ONE TOWN SQUARE, DYER, IN 46311
PHONE# 219-865-2421 FAX# 219-865-4232

FEE: \$ 50.00
IF RECEIVED AFTER 3/31/: \$ 100.00
DATE SUBMITTED:

PLEASE PRINT LEGIBLY OR TYPE

APPLICATION TYPE: ☐ RENEWAL ☐ NEW

BUSINESS INFORMATION:

OWNER/MANAGER INFORMATION:

☐ OWNER ☐ MANAGER ☐ OTHER

NAME: _____
ADDRESS: _____
CITY, STATE & ZIP: DYER, INDIANA 46311
BUSINESS TELEPHONE #: _____
WEBSITE OR EMAIL : _____
TYPE OF BUSINESS: _____ # OF EMPLOYEES: _____

NAME: _____
ADDRESS: _____
CITY, STATE & ZIP: _____
OWNER TELEPHONE #: _____

FORMS WILL BE MAILED TO DYER BUSINESS ADDRESS (UNLESS OTHERWISE STATED BELOW)

MAIL CERTIFICATE AND RENEWAL TO: _____

EMERGENCY CONTACTS: PRINT THE NAMES OF PERSONS TO BE CALLED IN THE EVENT OF AN EMERGENCY OR BUSINESS IRREGULARITY AFTER BUSINESS HOURS. LIST IN ORDER THE PREFERENCE IN WHICH YOU WISH THEM TO BE CONTACTED. PLEASE CONTACT OUR OFFICE WITH ANY CHANGES.

NAME AND TITLE:	TELEPHONE NUMBER	KEY HOLDER?
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

AUTOMATIC AND MANUAL ALARM SYSTEMS ON PROPERTY

TYPE OF ALARMS:

☐ BURGLARY ☐ ROBBERY ☐ FIRE ☐ TROUBLE ☐ OUTSIDE AUDIBLE ☐ SILENT

ALARM EQUIPMENT:

MONITORING AGENCY NAME/ADDRESS: _____

EMERGENCY/AFTER HOURS PHONE NUMBER: _____

VERIFICATION OF EQUIPMENT COMPLIANCE WITH STANDARD (UL, NFPA, ETC)

I ACKNOWLEDGE THAT I AM SUBJECT TO THE TOWN OF DYER MUNICIPAL CODE CHAPTER 6 ARTICLE 4 WHICH REGULATES AUTOMATIC AND MANUAL ALARM SYSTEMS. THE FINE STRUCTURE IS UNDERSTOOD TO BE: THE FIRST 3 FALSE ALARMS ARE NO CHARGE, THE NEXT 2 ALARMS ARE \$100.00 EACH TIME, THE NEXT 7 FALSE ALARMS ARE \$250.00 EACH TIME IN EXCESS OF 12 WILL RESULT IN A CHARGE OF \$500. EACH TIME

I HEREBY TESTIFY THAT I AM FAMILIAR WITH THE ORDINANCES OF THE TOWN OF DYER, INDIANA, GOVERNING THE OPERATION OF THE ABOVE MENTIONED BUSINESS, AND I HEREBY FURTHER SWEAR THAT I WILL NOT MYSELF DO, OR 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 TOWN OF DYER, 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 TO OPERATE A LAWFUL BUSINESS.

SIGNATURE OF OWNER: _____ **DATE:** _____

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ FEE : \$ _____ LATE FEE IF AFTER 3/31 ☐

RECEIPT # : _____ BUSINESS LICENSE # : _____

RECEIVED BY: _____ DATE ISSUED: _____