



# 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

Are you a food vendor?  Yes  No

If yes, enter your Porter County Retail  
Food Establishment Permit Number: \_\_\_\_\_

Number of years in business: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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

Approved:  Denied:

License Number: \_\_\_\_\_ \$50.00 Fee  Yes  No

\_\_\_\_\_  
Clerk Signature

\_\_\_\_\_  
Date