



Town of Winfield

Business Registration and Emergency Information

Town of Winfield, Clerk-Treasurer's Office
10645 Randolph Street
Winfield, IN 46307

2024

FEE IF RECEIVED BY 1/5/2024: \$75.00
IF RECEIVED AFTER 1/5/2024: \$150.00
DATE SUBMITTED: _____
VALID THROUGH: 12/31/2024

PLEASE PRINT LEGIBLY OR TYPE

APPLICATION TYPE: RENEWAL NEW

BUSINESS INFORMATION	OWNER INFORMATION
NAME: _____ ADDRESS: _____ WINFIELD, INDIANA 46307	NAME: _____ ADDRESS: _____
EIN: _____ TELEPHONE: _____ FAX: _____ WEBSITE: _____	TELEPHONE: _____ CELL PHONE: _____ EMAIL: _____ FAX: _____
CHECK IF MAILING ADDRESS FOR BUSINESS MATERIAL: <input type="checkbox"/>	CHECK IF MAILING ADDRESS FOR BUSINESS MATERIAL: <input type="checkbox"/>
NATURE OF BUSINESS: _____	MANAGER INFORMATION CHECK IF SAME AS OWNER: <input type="checkbox"/>
HOURS OF OPERATION: _____	NAME: _____
	TELEPHONE: _____
	CELL PHONE: _____
# OF EMPLOYEES: FULL TIME _____ PART TIME _____ (INCLUDING OWNER)	EMAIL: _____ FAX: _____

PLEASE 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 NOTIFY WINFIELD TOWN HALL AT 219-662-2665 OF ANY CHANGES.

NAME:	TITLE:	TELEPHONE NUMBER:	KEY?
_____	_____	_____	Y / N
_____	_____	_____	Y / N
_____	_____	_____	Y / N

FOR OFFICE USE ONLY:	LATE FEE IF AFTER 01/05/2024
DATE RECEIVED: _____ FEE: _____	BUSINESS ID#: _____
RECEIPT #: _____	DATE ISSUED: _____
RECEIVED BY: _____	ZONING DIST: _____
PAYMENT: <input type="checkbox"/> CHECK (#: _____) OR <input type="checkbox"/> CASH	BUILDING DEPT: _____
	PERMITTED USE: Y/N _____
INSPECTOR SIGNATURE _____	