



**Town of Winfield**

Business Registration and Emergency Information

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

**2023**

FEE IF RECEIVED BY 1/6/2023: \$75.00  
IF RECEIVED AFTER 1/6/2023: \$150.00  
DATE SUBMITTED: \_\_\_\_\_  
VALID THROUGH: 12/31/2023

**PLEASE PRINT LEGIBLY OR TYPE**

APPLICATION TYPE:       RENEWAL       NEW

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

**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

<b>FOR OFFICE USE ONLY:</b>	LATE FEE IF AFTER 01/06/2023
DATE RECEIVED: _____	FEE: _____
RECEIPT #: _____	BUSINESS ID#: _____
RECEIVED BY: _____	DATE ISSUED: _____
PAYMENT: <input type="checkbox"/> CHECK (#: _____) OR <input type="checkbox"/> CASH	ZONING DIST. _____
	BUILDING DEPT: _____
	PERMITTED USE: Y/N _____
INSPECTOR SIGNATURE _____	