



Town of Winfield

Business Registration and Emergency Information

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

2022

FEE IF RECEIVED BY 1/7/2022: _____ \$75.00
 IF RECEIVED AFTER 1/7/2022: _____ \$150.00
 DATE SUBMITTED: _____
 VALID THROUGH: _____ 12/31/2022

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: _____	MANAGER INFORMATION
HOURS OF OPERATION: _____	CHECK IF SAME AS OWNER: <input type="checkbox"/>
_____	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
_____	_____	_____	_____

FOR OFFICE USE ONLY: DATE RECEIVED: _____ FEE: _____ RECEIPT #: _____ RECEIVED BY: _____ PAYMENT: <input type="checkbox"/> CHECK (#: _____) OR <input type="checkbox"/> CASH	LATE FEE IF AFTER 01/07/2022 BUSINESS ID# : _____ DATE ISSUED: _____ ZONING DIST. _____ BUILDING DEPT: _____ PERMITTED USE: Y/N _____
INSPECTOR SIGNATURE _____	