



**Town of Winfield**

Business Registration and Emergency Information

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

**2021**

FEE IF RECEIVED BY 1/8/2021: \$75.00  
 IF RECEIVED AFTER 1/8/2021: \$150.00  
 DATE SUBMITTED: \_\_\_\_\_  
 VALID THROUGH: 12/31/2021

**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>
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 THE CLERK TREASURER'S OFFICE AT 219-662-2665 OF ANY CHANGES.**

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

<p><b>FOR OFFICE USE ONLY:</b></p> DATE RECEIVED: _____ FEE: _____ RECEIPT #: _____ RECEIVED BY: _____ PAYMENT: <input type="checkbox"/> CHECK (#: _____ ) OR <input type="checkbox"/> CASH	<p>LATE FEE IF AFTER 01/08/2021</p> BUSINESS ID# : _____ DATE ISSUED: _____ ZONING DIST. _____ BUILDING DEPT: _____ PERMITTED USE: Y/N _____
INSPECTOR SIGNATURE _____	