

2024 MOVING LICENSE APPLICATION

City of Elkhart, Indiana
Address: 229 S. 2nd Street, Elkhart, IN 46516
Ph. 574-294-5471 www.elkhartindiana.org

TYPE OF APPLICATION (circle one): NEW RENEWAL DATA CHANGE

PLEASE PRINT CLEARLY & FILL IN ALL AREAS BELOW:

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

WORK PHONE: _____ **E-MAIL:** _____

CONTACT PERSON: _____

CELL PHONE: _____ **E-MAIL:** _____

NOTIFICATION IN WRITING IS REQUIRED WHEN MAKING ANY INFORMATION CHANGES ABOVE.
THE UNDERSIGNED STATES THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNED: _____

DATE: _____

OFFICE USE ONLY

License # _____

Bond Received: _____

Bond Amount: \$10,000 Surety Bond

Received By: _____

Date: _____