

# 2025 MOVING LICENSE APPLICATION

City of Elkhart, Indiana  
Address: 229 S. 2<sup>nd</sup> Street, Elkhart, IN 46516  
Ph. 574-294-5474 [www.elkhartindiana.org](http://www.elkhartindiana.org)

**TYPE OF APPLICATION (check 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: \_\_\_\_\_