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## TOWN OF PORTER BUSINESS REGISTRATION

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

**BUSINESS OWNER(S):**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**BUILDING OWNER:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ZONING OF PROPERTY: \_\_\_\_\_



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TYPE & DESCRIPTION OF BUSINESS:

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NUMBER OF EMPLOYEES: \_\_\_\_\_

**EMERGENCY CONTACT PERSON(S) FOR “AFTER HOURS EMERGENCY”:**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**LIST ALL BUSINESS EQUIPMENT USED AND ANY CHEMICALS, INCLUDING HAZARDOUS SUBSTANCES AS DEFINED BY SECTION 101(14) OF CERCLA, THAT ARE USED FOR YOUR BUSINESS:**

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**LOCATION OF FIRE DEPARTMENT CONNECTION & SPRINKLER CONTROLS:**

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**LOCATION OF LOCK BOX CONTAINING INFORMATION REGARDING HAZARDOUS SUBSTANCES:**

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LIST LOCATION OF SEWER DISCHARGE(S) AND SIZE OF SERVICE(S);  
ALSO PREPARE A SKETCH SHOWING SAME AND ATTACH IT TO THIS FORM:

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LIST LOCATION OF ANY FLOOR DRAINS; ALSO PREPARE A SKETCH  
SHOWING SAME:

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LIST THE LOCATION OF ELECTRICAL PANELS; ALSO PREPARE A SKETCH  
SHOWING SAME:

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LIST THE LOCATION OF ALL UTILITY SHUTOFFS; ALSO PREPARE A SKETCH  
SHOWING SAME:

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APPLICANT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PLEASE RETURN TO:

Clerk/Treasurer  
Town of Porter  
303 Franklin Street  
Porter, IN 46304