



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: _____



TYPE & DESCRIPTION OF BUSINESS:

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:

LOCATION OF FIRE DEPARTMENT CONNECTION & SPRINKLER CONTROLS:

LOCATION OF LOCK BOX CONTAINING INFORMATION REGARDING HAZARDOUS SUBSTANCES:



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

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

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

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

APPLICANT NAME:

SIGNATURE:

PLEASE RETURN TO:

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