



Please fill out and return to:
Town of Chesterton
Attn: Business Registration
1490 Broadway
Chesterton, IN 46304

BUSINESS REGISTRATION

1. DATE: _____

BUSINESS INFORMATION

2. NAME: _____

3. ADDRESS: _____

4. TELEPHONE #: _____

5. EMAIL ADDRESS: _____

6. WEBSITE ADDRESS: _____

BUSINESS OWNER(S):

7. NAME: _____

8. ADDRESS: _____

9. TOWN/CITY: _____ STATE: _____ ZIP: _____

10. TELEPHONE#: _____

11. NAME: _____

12. ADDRESS : _____

13. TOWN/CITY : _____ STATE : _____ ZIP: _____

14. TELEPHONE# _____

BUILDING OWNER

15. NAME: _____

16. ADDRESS: _____

17. TOWN/CITY: _____ STATE: _____ ZIP: _____

18. TELEPHONE #: _____

19. ZONING OF PROPERTY

20. TYPE & DESCRIPTION OF BUSINESS & # OF EMPLOYEES:

EMERGENCY CONTACT PERSON FOR "AFTER-HOURS EMERGENCY":

21. NAME & TELEPHONE #: _____

22. NAME & TELEPHONE #: _____

23. NAME & TELEPHONE #: _____

24. TYPE OF ALARM SYSTEM & LOCATION:

25. LIST OF ALL BUSINESS EQUIPMENT USED AND ANY CHEMICALS, INCLUDING HAZARDOUS SUBSTANCES AS DEFINE BY SECTION 101 (14) OF CERCLA, THAT ARE USED IN YOUR BUSINESS

26. LOCATION OF FIRE DEPARTMENT CONNECTION & SPRINKLER CONTROLS

27. LOCATION OF LOCK BOX CONTAINING INFORMATION REGARDING HAZARDOUS SUBSTANCES

28. LIST LOCATION OF ANY SEWER DISCHARGE(S) AND SIZE OF SERVICE(S). ALSO PREPARE A SKETCH SHOWING SAME & ATTACH

29. LIST THE LOCATION OF ANY FLOOR DRAINS. ALSO PREPARE A SKETCH SHOWING SAME & ATTACH

30. LIST THE LOCATION OF ELECTRICAL PANELS. ALSO PREPARE A SKETCH SHOWING SAME & ATTACH

31. LIST THE LOCATION OF ALL UTILITY SHUTOFFS. ALSO PREPARE A SKETCH SHOWING THE SAME & ATTACH

TOWN WILL COMPLETE BELOW:

DATE RECEIVED: _____

REGISTRATION #: _____