



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: _____

7. BUSINESS CLASSIFICATION: _____

BUSINESS OWNER(S):

8. NAME: _____

9. ADDRESS: _____

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

11. TELEPHONE #: _____

12. NAME: _____

13. ADDRESS: _____

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

15. TELEPHONE #: _____

BUILDING OWNER

16. NAME: _____

17. ADDRESS: _____

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

19. TELEPHONE #: _____

20. ZONING OF PROPERTY

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

EMERGENCY CONTACT PERSON FOR "AFTER-HOURS EMERGENCY":

22. NAME & TELEPHONE #: _____

23. NAME & TELEPHONE #: _____

24. NAME & TELEPHONE #: _____

25. TYPE OF ALARM SYSTEM & LOCATION:

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

27. LOCATION OF FIRE DEPARTMENT CONNECTION & SPRINKLER CONTROLS

28. LOCATION OF LOCK BOX CONTAINING INFORMATION REGARDING HAZARDOUS SUBSTANCES

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

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

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

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

TOWN WILL COMPLETE BELOW:

DATE RECEIVED: _____

REGISTRATION #: _____