

Town of Porter



On Beautiful Lake Michigan

Re: Business Registration Form – Porter, IN

Dear Business Owner,

The Town of Porter Municipal Code requires all businesses operating in Porter to complete a Business Registration Form annually. This form shall be for a term of one calendar year, commencing January 1 and expiring December 31 of the same year. All business registration forms must be filed within 30 days of commencement of business activity and are required to be renewed on an annual basis no later than January 31 of each year. In the event the renewal is not done on a timely basis, the applicant shall be subjected to being cited for violation of this article and fined accordingly.

Registration is free of charge and is intended for the purpose of protecting the public health, safety, and welfare of the community. Specifically, it was determined that the town's police and fire department will be able to better respond to an emergency situation if they know the specific type of business activities being conducted at a particular site. The term "business" shall include all commercial (whether wholesale or retail) operations as well as industrial enterprises engaged in the manufacture, processing or assembling of parts in the finished or unfinished products, and the repair or reconditioning of products, appliances, machines or other goods. Coin-operated centers shall be included such as laundromats, video games, pinball machines, pool tables, and the like. The term "business" shall not include any commercial activity defined as a home based business under the town zoning ordinance.

Please complete the enclosed Business Registration Form and return it to:

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

Thank you for your cooperation.

Sincerely,

Michael S. Barry
Director of Development/Building Commissioner



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: _____

Town of Porter



On Beautiful Lake Michigan

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 CERLA, THAT ARE USED FOR YOUR BUSINESS:

LOCATION OF FIRE DEPARTMENT CONNECTION & SPRINKLER CONTROLS:

LOCATION OF LOCK BOX CONTAINING INFORMATION REGARDING HAZARDOUS SUBSTANCES:

Town of Porter



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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:

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: _____

PHONE: _____ CELL PHONE: _____

PLEASE RETURN TO:
Clerk/Treasurer
Town of Porter
303 Franklin Street
Porter, IN 46304