TOWN OF GRIFFITH
APPLICATION FOR BUSINESS LICENSE

Date _____

Name of Business_____

Local Address _____ Telephone_____ Fax _____

Headquarter Address _____ Telephone_____ Fax _____

Federal I.D. Number_____ or Date of Birth_____

Principle Contacts (Home Address & Phone Number)

Name_____ Address _____

City/State _____ Telephone_____ Cell_____

Name_____ Address _____

City/State _____ Telephone_____ Cell_____

Drivers License: State _____ Number _____Expires_____

State License to Operate Business Required: Yes_____ No_____   If yes, return copy

Building Owner

Name_____ Address _____

City/State _____ Telephone_____ Cell_____

Do you currently (or within the last 12 months) operate any other business(s)   Yes_____ No_____

If yes, type of business and location

Type_____ Location _____

Type of Alarm

Fire_____ Burglar_____ Water Flow_____ Robbery_____   Other_____

Outside Audible _____ Silent_____ Equipment installed in compliance with standard (UL, NFPA, etc.)
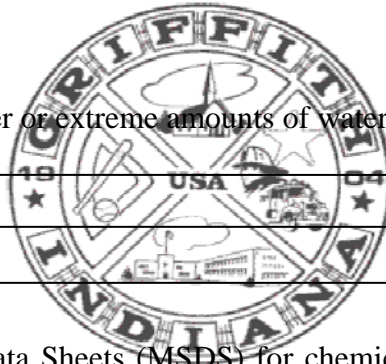
Alarm Monitoring Company_____

Address_____City/State_____Telephone_____

Give in detail the type of work conducted at the business_____

_____

_____

Principle hours of operation_____ Days a week_____

Number of employees_____

Will there be a discharge of any waste water or extreme amounts of water into sewer system_____

If yes, please explain _____

_____

_____

Please attach copies of Material Safety Data Sheets (MSDS) for chemicals/materials stored or handled at the facility. This material is not required if facility presently reports under SARA Title III.

Please attach an 8.5" x 11" drawing of the floor plan of the facility, showing storage, office space, etc.

Lake County Solid Waste District also requires a plan describing how your recycling will be managed.

I acknowledge that I am Familiar with the attached Ordinance 2005-6 sec. of the Town of Griffith and all of its provisions and am subject to license revocation and/or payment of a fine if I violate such ordinances.

_____
Applicant Signature

I have received and read the definition of home occupation and acknowledge. I will comply with the stated restrictions or will be subject to license revocation and/or payment of a fine if I violate such ordinances.

_____
Applicant Signature

_____

FOR OFFICE USE ONLY

Date Received_____ Date Approved _____
License Number _____ Receipt Number_____

Police Department Approval_____ Date _____
Comments _____

Fire Department Approval_____ Date _____
Comments _____

Building Department Approval_____ Date_____
Zoning_____
Comments _____