



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 & Email)

Name _____ Address _____

City/State _____ Telephone _____ Cell _____

Email _____

Name _____ Address _____

City/State _____ Telephone _____ Cell _____

Email _____

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.)

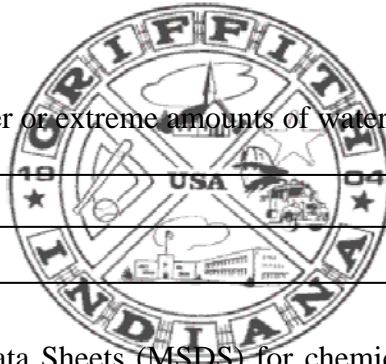
Alarm Monitoring Company _____

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 _____