

Town of Munster
Clerk-Treasurer's Office
Business Registrations
1005 Ridge Road, Munster, Indiana 46321
Phone: (219) 836-6940 Fax: (219) 836-8350
cgwhite@munster.org

Annual Business Registration

(Munster Municipal Code Chapter 10)

This application is for registering or renewing the registration of your business*, for the new calendar year with the Town of Munster. This information is shared with the Fire and Police Departments for emergency purposes. (SEE BELOW FOR CONTRACTOR INFO)

Watch for your **GREEN POSTCARD** in November of each year reminding you to renew for the following year which you may do beginning December 1st. The forms can be found on our website www.munster.org (Search "2014 Business Registration"). We can also fax or email them upon your request.

The fees for the business registration are as follows:

- **\$75.00 – Registration received by February 28th and all new businesses**
- **\$100.00 – Renewal of registration received after February 28th**

Please complete these forms and return by February 28, 2014, to avoid an increased fee. Both the Registration Form and the Recycling Questionnaire must be returned with your payment. Your Certificate will *not* be mailed to you unless the Recycling Questionnaire is completed and returned to our office. The completed forms and your check or money order, payable to *Town of Munster*, should be mailed or delivered to:

Town of Munster
Clerk-Treasurer's Office
ATTN: Business Registrations
1005 Ridge Road
Munster, Indiana 46321-1849

If you are a contractor located in Munster, you must file all applicable paperwork for Contractor Licensing as well as this Business Registration Form. The fee for your Contractor License and Business Registration is a **total** of \$100.00. You do NOT owe both fees. AGAIN, you must also fill out a Contractor License form and all necessary paperwork associated with contractor licensing. The form is available at www.munster.org Search "Contractor License". Please call 219/836-6990 if you have any questions regarding Contractor Licensing.

NOTE: Per Town Code 10-1, failure to register a business could result in a fine of \$250.00.

****If your business is no longer in operation,
please notify our office in writing.***

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE AND INFORMATION

2014

TOWN OF MUNSTER

BUSINESS REGISTRATION & EMERGENCY INFORMATION

Town of Munster, Clerk-Treasurer's Office-BUS REG, 1005 Ridge Road, Munster, Indiana 46321-1849
(219)836-6940 FAX (219)836-8350
cgwhite@munster.org

FEE: \$75.00

\$100.00 after February 28th

PLEASE PRINT LEGIBLY OR TYPE

Year of Request	2014 (valid through 12/31)	Date Submitted:	
BUS # if known _____ (next to Bus name on label)		<input type="checkbox"/> RENEWAL <input type="checkbox"/> NEW (FEE FOR NEW BUSINESS \$75.00) <input type="checkbox"/> Please Check if this business is in a home	
BUSINESS INFORMATION ➤			
Business Name:		Owner/Mgr Name:	
LOCAL ADDRESS:		Owner/Mgr Address:	
CITY, STATE & ZIP	Munster, IN 46321	CITY, STATE & ZIP	
Local Bus Phone #:		Owner/Mgr Phone #:	<input type="checkbox"/> hm <input type="checkbox"/> cell <input type="checkbox"/> wk
E-MAIL ADDRESS:		BUSINESS WEBSITE:	
Certificate & Renewal to:	Forms will be mailed to the Munster address unless an alternate is given here:		
NATURE OF BUSINESS:		Number of employees located here?	The above named person is the <input type="checkbox"/> OWNER <input type="checkbox"/> MANAGER <input type="checkbox"/> OTHER
Names of persons to be called in case of emergency or business irregularity after business hours. List in order of preference in which you wish them to be contacted. Please notify the Clerk-Treasurer's Office <u>in writing</u> by fax or U.S. mail of any changes.			
[Please print legibly]	NAME AND TITLE	PHONE NUMBER	KEY HOLDER (Yes or No)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
SIGNATURE		Date	*YOU MUST ALSO SUBMIT RECYCLING PLAN FORM (pg 3) *

Automatic & Manual Alarm Systems on Property

TYPE OF ALARMS: (Check all that Apply)

☐ Burglary ☐ Robbery ☐ Fire ☐ Trouble ☐ Outside Audible ☐ Silent

ALARM EQUIPMENT:

Monitoring agency and emergency/after hours phone:

Name	Address	Phone
Seller: _____ Installer: _____		
Firm Inspecting or Maintaining if different: _____		
Verification of equipment compliance with standard (UL, NFPA, etc)		
I acknowledge that I am subject to Town of Munster Municipal Code Chapter 14, Article III which regulates automatic and manual alarm systems. The fine structure is understood to be first two false alarms, no charge; 3rd false alarm, \$75.00; in excess of three false alarms \$100.00 each in a calendar year.		
Signature of Owner		Date

FOR OFFICE USE ONLY ↓

To BLDG DEPT?	YES NO	BLDG DEPT OK	SIGNATURE	DATE
FEE \$:	\$75	DATE REC'D:	REC'D BY:	DATE ISS'D:
RECEIPT #:		LATE FEE: <input type="checkbox"/> (IF AFTER 2/28)	BUSINESS ID #:	DATA ENTERED:

2014

RECYCLING QUESTIONNAIRE FOR MUNSTER BUSINESSES

It is required by Lake County for all Munster Businesses to complete this form before a Business Registration Certificate will be Issued.

Business name: _____

Business address: _____

Recycling program contact person: _____

(If your business doesn't handle recycling, please list owner/manager who handles recycling.)

Building Type: ☐ FREE STANDING ☐ COMPLEX Recycling/Trash Service Provider: _____

RECYCLING METHOD USED:

- ☐ We DO NOT recycle
- ☐ Separation from trash into recycling bins
- ☐ Take recycling off site. Where? _____

WHAT MATERIALS DO YOU RECYCLE (✓ all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Corrugated Cardboard | <input type="checkbox"/> Plastic Containers | <input type="checkbox"/> Mixed Paper |
| <input type="checkbox"/> Wooden Pallets | <input type="checkbox"/> Magazines/Catalogs | <input type="checkbox"/> High Grade Paper |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Plastic Film | <input type="checkbox"/> Ferrous Metals |
| <input type="checkbox"/> Metal Containers (including aluminum, steel and bi-metal) | <input type="checkbox"/> Fluorescent Bulbs | |
| <input type="checkbox"/> Glass Containers (including clear, green and brown) | | |
| <input type="checkbox"/> High Density Discharge Lamps | <input type="checkbox"/> Renderings (including fat, oils and greases) | |
| <input type="checkbox"/> Other Measures: _____ | | |

HOW DO YOU REDUCE WASTE (✓ all that apply)

- ☐ Double-sided Copying
- ☐ Circulating and Routing Memos
- ☐ Inter-Office/Company envelopes
- ☐ Installing reusable furnace or air conditioning filters
- ☐ Installing long-lasting energy efficient light bulbs or fixtures
- ☐ Reducing fax transmission cover pages to ½ page or stick-on notes
- ☐ Using Packaging Alternatives Made of Post-Consumer recycled materials
- ☐ Other Measures: _____

EDUCATIONAL PROGRAMS IMPLEMENTED (✓ all that apply)

- ☐ Flyers with all proposals and contracts outlining the recycling plan, the importance of recycling and identifying recyclable materials and collection points (attach copy)
- ☐ Annual recycling program updates to all employees (attach copy)
- ☐ Signs identifying recyclable materials
- ☐ Other: _____

ADDITIONAL INFORMATION (✓ all that apply)

- ☐ Semi-Annual refuse hauler/recycling service provider's recyclable quality report (attach copy)
- ☐ Correspondence with the Town (attach copy)