

PLEASE KEEP THIS PAGE FOR REFERENCE

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

Annual Business Registration
(Munster Municipal Code Chapter 10)

This application is for registering or renewing your business for the new **calendar** year with the Town of Munster. Your 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 beginning December 5th. The registration forms may be found on our website www.munster.org. Please follow the link on the home page under "Forms and Applications". ***NO ONLINE PAYMENTS***

The fees for the business registration are as follows:

- **\$75.00 – Registration received by February 29th and all new businesses**
- **\$100.00 – Renewals received after February 29th**

Please complete the Registration and Recycling forms and return them to us by 2/29/24 to avoid late fees.

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

****If this business has an Amusement Device (gaming or mechanical machine) please check the box on form****

If you are a CONTRACTOR and your business is in Munster:

You must file all applicable paperwork for Contractor Licensing IN ADDITION TO this Business Registration form. The Contractor's form is available on our website at www.munster.org, search "Contractor License". If you need further information, please call Community Development at 219-836-6990.

****If required, please forward this form to your corporate office for completion and payment.***

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

2024

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

achew@munster.org

FEE: \$75.00

RENEWALS Rec'd AFTER FEBRUARY 29TH \$100.00

PLEASE PRINT LEGIBLY OR TYPE

Year of Request	2024 (valid through 12/31)	Date Submitted:	
Business Number _____		Please check if business has Amusement Device(s) <input type="checkbox"/>	
<input type="checkbox"/> Please check if this business is in a home		<input type="checkbox"/> RENEWAL <input type="checkbox"/> NEW (FEE FOR ALL NEW BUSINESS \$75.00)	
BUSINESS INFORMATION ➤		OWNER/MANAGER INFORMATION ➤	
Business Name:		Owner/Mgr. Name:	
ADDRESS: (incl. STE #)	<input type="checkbox"/> ✓if new 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:	Reminders are sent for annual registrations-please provide current e-mail address each year.	BUSINESS WEBSITE:	
Mail Cert. to:			
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.	_____	_____	_____
Automatic & Manual Alarm Systems on Property			
TYPE OF ALARMS: (Check all that Apply)			
<input type="radio"/> <input type="checkbox"/> Burglary <input type="checkbox"/> Robbery <input type="checkbox"/> Fire <input type="checkbox"/> Trouble <input type="checkbox"/> Outside Audible <input type="checkbox"/> Silent <input type="checkbox"/> No Alarm			
ALARM EQUIPMENT:			
Monitoring agency and emergency/after hours phone: _____			
Name _____		Address _____ Phone _____	
Seller: _____		Installer: _____	
Firm Inspecting or Maintaining if different: _____			
Verification of information and of equipment compliance with standard (UL, NFPA, etc.)			
I acknowledge that the information above is correct and 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 _____		Date _____	
FOR OFFICE USE ONLY			
BUILDING INSPECTOR APPROVAL		SIGNATURE	DATE
▪ COMMENTS:			
FIRE INSPECTOR APPROVAL		SIGNATURE	DATE
COMMENTS:			
PLANNING DIRECTOR APPROVAL		SIGNATURE	DATE
COMMENTS:			
FEE \$:	\$75	DATE REC'D:	REC'D BY:
RECEIPT #:		LATE FEE: <input type="checkbox"/> (IF AFTER 2/29)	BUSINESS ID #:
		DATE ISSUED:	DATA ENTERED:

Please return this *completed* form with
your annual business registration form.
Thank you for your cooperation.

2024

RECYCLING QUESTIONNAIRE FOR MUNSTER BUSINESSES

(REQUIRED to be on file for all Munster Businesses)

(Questions about this form? Call Public Works at 219/836-6970)

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 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)

☐ Corrugated Cardboard

☐ Plastic Containers

☐ Mixed Paper

☐ Wooden Pallets

☐ Magazines/Catalogs

☐ High Grade Paper

☐ Newspaper

☐ Plastic Film

☐ Ferrous Metals

☐ Metal Containers (including aluminum, steel and bi-metal)

☐ Fluorescent Bulbs

☐ Glass Containers (including clear, green and brown)

☐ High Density Discharge Lamps ☐ Renderings (including fat, oils and greases)

☐ 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)

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