

# Town of Merrillville Business License Application and Recycling Plan

*Internal Office Use Only*

- \$50.00 Application & Inspection Fee Receipt # \_\_\_\_\_  
 \$100.00 License Fee Receipt # \_\_\_\_\_ Received by: \_\_\_\_\_

## Business Information

Name of Business: \_\_\_\_\_ Property Parcel #: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Federal ID or SS # of Owner: \_\_\_\_\_

Days & Hours of Operation: \_\_\_\_\_

Status of Occupancy (Deed Owner, Lessee, etc.): \_\_\_\_\_

### Specific Nature of Business:

Please check which applies:

Retail  Wholesale

Service  Other

Specific Items Produced, Sold, Warehoused  
Etc.?  
\_\_\_\_\_  
\_\_\_\_\_

## Corporate Information

Corporate Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Corporate Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Business Owner Information

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Key Holder #1:

Name: \_\_\_\_\_

Key Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Have you obtained all permits and licenses' required by  
state and county laws for your type of business?

Yes  No

Alarm system on the premises?

Yes  No

*Please provide the internal site diagram of the  
business layout and design on the page attached.*

Name of Garbage Provider for the Business:  
\_\_\_\_\_

### Key Holder #2

Name: \_\_\_\_\_

Key Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Are there any hazardous materials on the premises?

Yes  No

Security camera on the premises? (as per Ordinance 18-10)

Yes  No

Please complete and return with \$150.00 payment,  
payable to: Town of Merrillville, 7820 Broadway,  
Merrillville, IN 46410

\_\_\_\_\_  
Signature of Applicant & Date

**Internal Site Diagram of Business Layout & Design**

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## RECYCLING PLAN

*If a recycling plan is used please complete*

Recycling Program Point-of-Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Recycling Method Used: \_\_\_\_\_

Source Separation:

Post-Collection Separation: Town/County Approval must be attached.

### Recycling Materials included in the recycling program

*Check all that apply*

Corrugated Cardboard	Plastic Containers	Mixed Paper
Wooden Pallets	Magazines/Catalogs	High Grade Paper
Newspaper	Plastic Film	Ferrous Metals
Metals Containers Including aluminum, steel and bi-metal	Fluorescent Bulbs	Glass Containers including clear, green and brown
High-Density discharge lamp	Renderings including fat, oils, greases	

### Source Reduction Methods Implemented

*Please check all that apply*

- Double-sided copying
- 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 1/2 page or stick-on notes
- Using packaging alternatives made of post-consumer recycled materials
- Other measures: \_\_\_\_\_

### Education Program Implemented

*Please check all that apply*

- Flyers with all proposals and contracts outlining the recycling plan. The importance of recycling, and identifying recyclables 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

*Please check all that apply*

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