

Town of Merrillville Dept. of Planning and Building 7820 Broadway Merrillville, IN 46410 Phone: 219-769-3631 Fax: 219-736-9039



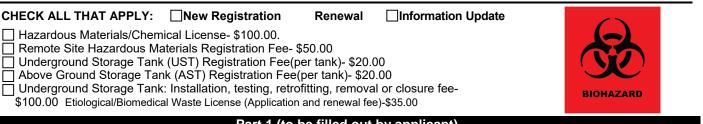
Merrillville Fire Department Fire Inspection Division 24 W. 73rd Avenue Merrillville, IN 46410 Phone: 219-769-0004 ext. 2 Fax: 219-769-1341

FOR OFFICE USE ONLY

License #:

Etiological/Biomedical Waste License Application

(Additional Chemical License shall be required if using Hazardous Materials)



Part 1 (to be filled out by applicant)

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BUSINESS ADDRESS

A	PLICANT					
NAME OF BUSINESS OWNER: (a	pplicant is:	Corporation	LLC	Partnership	Sole Proprietor	Other
OWNER MAILING ADDRESS	CITY			STATE	ZIP	
BUSINESS BILLING ADDRESS (if different from above):	CITY			STATE	ZIP	
BUSINESS OWNER PHONE NUMBER: BUSINESS OWNER EMAIL:						
BUSINESS INSURANCE COMPANY: POLICY				PHONE		
NUMBER:						
INSURANCE COMPANY ADDRESS:						

PERMIT INFORMATION				
check each hazard classification that most closely describes the storage, use, and handling of hazardous materials at the facility				
Hospital	Osteopath	Tattoo/Body Piercing		
Funeral Home	Home Health	Other (Please Specify):		
Dialysis Center	State Laboratory/Clinic			
Nursing Home	Clinical Laboratory			
Veterinarian	Surgical Center			
Medical Doctor	Blood Bank			
Dentist	Blood or Plasma Donation Center			
Podiatrist	Abortion Clinic			

Application For		Office Use Only
Etiological License		License #
OF MERRILLY	BIOHAZARD	Inspector InitialsDate Code 1 – Tier II/High Hazard Code 2 – Medium Hazard
		□ Code 3 – Low Hazard

APPLICATION FOR ETIOLOGICAL LICENSE

IMPORTANT INFORMATION

Additional Required Information to be Submitted:

Sec. 7.5-23(4)(4)A floor plan for every floor or building occupied by the business. This plan shall indicate all interior and exterior walls, doors, and windows, location of heating and air conditioning units (and shut-offs), electrical panel(s), building construction materials, roofing materials, fences or other type of security barriers, and the location of the following items:

A. All above ground tanks and types. B. Products contained in each tank. C. Other storage areas: Loading and unloading areas. D. Roads. E. Water distribution systems: Gary-Hobart Water Corporation and private. F. All compressed gas storage areas. G. Drains to sanitary sewer system. H. Gas and electrical shutoffs: Municipal water shutoffs. I. Main and auxiliary product shutoffs (when piped).J. Location and type of any firefighting equipment or spill clean-up items. K. Location of chemical(s) stored, quantity, and container type. L. Location of lock box. M. Nearest fire hydrant, and fire department hook-up locations for sprinkler system. Included should also be sprinkler system type, control system location, and standpipe locations.

BUSINESS NAME:

BUSINESS ADDRESS:

EMERGENCY CONTACT					
	KEYHOLDER 1 EMAIL:				
	KEYHOLDER 1 PHONE NUMBER:	KEYHOLDER 1 TITLE:			
KEYHOLDER 2	KEYHOLDER 2 PHONE NUMBER:	KEYHOLDER 2 TITLE:			
KEYHOLDER 2 EMAIL:					
HAZARDOUS MATERIALS CLEAN UP/WASTE REMOVAL CONTRAC	PHONE:				
CONTRACTOR SECONDARY NUMBER:					

PERMIT INFORMATION CHECK LIST check to ensure all required information at the facility has been included. Your Companies Emergency/Spill Phone Number □ Average Number of Employees: HOURS OF OPERATION: □ SDS On Thumb Drive Sunday: Floor Plan with location of all required info Monday **Tuesday:** NFPA 704 Diamonds Posted Wednesday: **UN/GHS Placards Posted** Thursday: Friday: Saturday:

The undersigned hereby agrees that all information on this application is true and correct, and to comply with all applicable town ordinances, state and federal rules, and all orders from Merrillville Fire Department Fire Code Official.