



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)

CHECK ALL THAT APPLY: ☐ New Registration ☐ Renewal ☐ Information Update

- ☐ Hazardous Materials/Chemical License- \$100.00.
☐ Remote Site Hazardous Materials Registration Fee- \$50.00
☐ Underground Storage Tank (UST) Registration Fee(per tank)- \$20.00
☐ Above Ground Storage Tank (AST) Registration Fee(per tank)- \$20.00
☐ Underground Storage Tank: Installation, testing, retrofitting, removal or closure fee-
\$100.00 Etiological/Biomedical Waste License (Application and renewal fee)-\$35.00



Part 1 (to be filled out by applicant)

BUSINESS NAME:	BUSINESS ADDRESS
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APPLICANT			
NAME OF BUSINESS OWNER: (applicant 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 NUMBER:	PHONE	
INSURANCE COMPANY ADDRESS:			

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

Application For Etiological License



Office Use Only

License # _____

Inspector Initials _____ Date _____

☐ 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

EMERGENCY CONTACT(KEYHOLDER) 1:

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 CONTRACTOR:

PHONE:

CONTRACTOR SECONDARY NUMBER:

PERMIT INFORMATION CHECK LIST

check to ensure all required information at the facility has been included.

<input type="checkbox"/> Average Number of Employees: _____	Your Companies Emergency/Spill Phone Number	HOURS OF OPERATION:
<input type="checkbox"/> SDS On Thumb Drive		Sunday: _____.
Floor Plan with location of all required info		Monday: _____.
NFPA 704 Diamonds Posted		Tuesday: _____.
UN/GHS Placards Posted		Wednesday: _____.
		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.

SIGNATURE _____ **DATE** _____