



City of Gary
DEPARTMENT OF COMMERCE
BUILDING DIVISION

KAREN FREEMAN-WILSON
Mayor

401 Broadway Room 307
Gary, IN 46402
(219) 881-1377
Fax: (219) 881-1425

FLORZELL HAWKINS, JR.
Building Commissioner

CONTRACTORS LICENSING PROCEDURES CHECKLIST

Eligibility for becoming a Licensed Contractor will include the following:

(Specialty License applicants will start with number #3)

1. Examination Fee (\$150 per exam)
2. Written Test Results (Where Applicable)
3. Completed Contractor's License Application. (\$20.00 Application Fee)
4. Two signed and notarized affidavits. (Provided in the application packet)
5. Certificate of Liability and Property Insurance. (Minimum required: \$100,000)
6. Recorded General Surety Bond with Lake County Recorder's Office. Surety Bond should be worded as:
Board of Commissioners of the County of Lake, State of Indiana and all other Cities, Towns and Municipalities Therein
(General: \$5000, Asbestos: \$10,000, Tank Contractor: \$10,000)
7. Approval for a General Business License. (Application provided in packet)
(Zoning Department, Room 304/ 219-881-1332)

Applicants are eligible to appear before the Contractor's Licensing Board the last Thursday of every month at 1:00pm. Upon the Licensing Board's approval, the following fees will apply:

1. Contractor's License Fee (New) - \$120.00
2. General Business License Fee (New) - \$150.00

Expiration of licenses is December 31 of each year. Renewals will be accepted on/after January 1 of each year.

Renewal Fees:

Contractors License - \$70 (per license)

General Business - \$100

To save time, please use our online system at <http://www.gary.in.us/gary-building-department/>. Click on **Permit Services** and then press **Click link to begin** to create an account. From there, you will be able to create a permit, apply, and renew your license from the comfort of your home or office. Please ensure that all of your supporting documents are uploaded as to not delay the process.



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Application for Contractor's License

(All blanks must be completed before the application will be considered. Please print or type in black ink.)

Section I. Business Information

Company Name	
Principal Address	
Local Office Address	
Business Phone	
Emergency Phone	
Fax No.	
Email	
Taxpayer I.D. #	
State of Incorporation	
Date of Incorporation	

Section II. Applicant Information

Applicant Name	
Title	
Residential Address	
Date of Birth	
Social Security No.	
Resident Phone	
Cellular No.	
Email (Mandatory)	

1. Please specify License Type

- Demolition
 Fire Protection Systems
 Mechanical Limited
 Roofing Unlimited
 Drywall
 General Contractor Limited
 Mechanical Unlimited
 Electrical
 General Contractor Unlimited
 Roofing Limited

Sub-Contractor (Please select up to 3 types):

- Acoustical Ceiling
 Elevator/Escalator
 Marine Contractor
 Scaffolding
 Tile & Marble
 Asbestos
 Excavating
 Masonry
 Screen Enclosure
 Tree Cutting
 Asphalt Limited
 Fence Erection
 Metal Specialties
 Septic Systems
 Tuck-Pointing
 Asphalt Unlimited
 Flooring
 Overhead Utilities
 Sewer
 TV & Radio Tower
 Board Up
 Garage/Doors
 Painting/ Papering
 Sheet Metal
 Underground Transmission
 Boiler Installation
 Glazers & Glass
 Pile Driving
 Siding
 Underground Utilities
 Burglar/Fire Alarm
 House Moving
 Plastering/ Lath
 Sign-Electrical
 Waterproofing
 Cabinet Installation
 Insulation, All Types
 Plumbing
 Sign Non Electrical
 Windows & Doors
 Communication and Sound
 IRR/ Lawn Sprinkler
 Roof Deck
 Structure Steel
 Concrete
 Landscaping
 Roof Painting
 Swimming Pool
 Decorative Metal
 Machinery
 Sandblasting
 Tennis Court

2. Please provide a description of work and services the applicant will provide (applicable for all license types)

3. Check box for your type of business structure

- Individual/Sole Proprietor
 Partnership
 Corporation
 Limited Liability

4. Provide name, address, title and telephone for each owner, partner, and/or officer and registered agents.

Name	Title	Address	Telephone
1			
2			
3			
4			

5. Please provide info if the applicant is an Individual/Sole Proprietor or Individual doing business under an assumed name.

Business Name	
Business Address	
Business Phone No.	Email:

6. Please list members of business, i.e. managers, acting agents designated to apply for building permits, etc.

Name	Title	Telephone	Email
1			
2			
3			
4			

7. References (Business or Business Association)

Name	Address	Telephone
1		
2		
3		
4		

8. Please list jobs completed by your company in the last two years.

Property Owner Name	Property Owner Address	Property Owner Telephone
1		
2		
3		
4		

9. Previous business addresses - list past business addresses the applicant has engaged in contracting in the last five years.

1
2

10. List localities where you are currently licensed. Also, please attach copies of license, certificate, etc.

City	How Long
1	
2	
3	
4	

11. Previous Complaints

Disposition

Date

1		
2		
3		

12. Have you ever been arrested/convicted in Indiana, or any other state of obtaining money under false pretenses, extortion, forgery, embezzlement or criminal conspiracy to defraud, or other like offenses?

yes no

13. Are you currently under indictment or charged by information for the offense of any of the above charges?

yes no

14. If yes, please explain nature of charges and the status of case.

15. If yes, please explain nature of arrest/charge, date of conviction, court and revocation where arrested/conviction, sentence imposed and whether the sentence or disposition has been completed.

16. Are you familiar with the applicable State of Indiana and City of Gary, Indiana respective building codes? yes no

17. Are you familiar with the required permits, inspections and approvals necessary in the City of Gary, Indiana? yes no

18. Financial Information

Financial Institution	Telephone	Address	Account Type
1			
2			
3			
4			

Section III. Signature Certification

I understand that I, or a representative of the above business, must inform the City of Gary, Indiana Building Department in writing should the business no longer carry insurance, if the business is dropped from an insurance carrier, or if any policy limits are reduced to an amount less than is required by the City of Gary, Indiana.

I understand that if the above applicant's business is dropped, no longer carries, or carries insurance in an amount less than is required by the City of Gary, Indiana or the laws of the State of Indiana, then the business license issued by the City as a result of this application shall be immediately rescinded and void.

I affirm under the penalties of perjury that all employees, agents and independent contractor's working directly or indirectly for the above business are fully covered by Workman's Compensation Insurance pursuant to the conditions and limits in conformity with the laws of the State of Indiana.

Any change in the facts stated in this application shall be reported to the Building Commissioner within 14 days of the effective date of such change. Failure to comply with this requirement is grounds for license revocation.

I affirm under the penalties of perjury that this application is true and complete, and I authorize the City of Gary, Indiana Building Department to make inquiries to verify the accuracy of the statements made herein. Any false statement or misrepresentation of any fact contained in this application is grounds for denial or revocation of the license for which I am applying.

Signature of Officer/Partner

Date

Print and Title

For Office Use Only

Departmental Approval:

Florzell Hawkins, Building Commissioner

Date Approved

Processed By

Date Processed

YEAR				
QUIETUS				
BOND TYPE				
EXP. DATE				
INS. EXP DATE				
WORK COMP EXP		STATE:		
LICENSE NO.				
PLUMBER-CORP.	LIC. NO.:	ISSUE DATE:	ISSUE DATE:	EXP. DATE:
PLUMBER-INDIVI.	LIC. NO.:	ISSUE DATE:	ISSUE DATE:	EXP. DATE:
STATE CERT/UST	LIC. NO.:	ISSUE DATE:	ISSUE DATE:	EXP. DATE:

Exam Date: _____ Results: _____ Examiner: _____

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS:

AFFIDAVIT OF ENDORSEMENT OF APPLICANT
FOR CONTRACTOR'S LICENSE

APPLICANT'S NAME : _____
(Please type or print)

I, the undersigned Affiant, being first duly sworn and upon my oath depose and say as follows:

1. That I am a resident of the City of _____, state of _____ where I own real estate. I currently reside at _____ and have so resided at this address since ____/____/____.
2. That I am personally acquainted with the above Applicant and that I have known the Applicant since _____.
3. That I am familiar with the Applicant's professional work as a contractor and know of no reason why Applicant should not be issued a Contractor's License for the City of Gary.
4. That the Applicant is honest, of good moral character and no relation to me.
5. That the above statements are true to the best of my knowledge and belief.

FUTHER AFFIANT SAYETH NOT:

Signature of Affiant

SUBSCRIBED and SWORN to before me, Notary Public in and for said county and state, this _____ day of _____, 20_____.

Notary's Signature
Lake County Resident

Approved


Niquelle Allen, Corporation Counsel

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS:

AFFIDAVIT OF ENDORSEMENT OF APPLICANT
FOR CONTRACTOR'S LICENSE

APPLICANT'S NAME : _____
(Please type or print)

I, the undersigned Affiant, being first duly sworn and upon my oath depose and say as follows:

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5. That the above statements are true to the best of my knowledge and belief.

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Signature of Affiant

SUBSCRIBED and SWORN to before me, Notary Public in and for said county and state, this _____ day of _____, 20____.

Notary's Signature
Lake County Resident

Approved

Niquelle Allen
Niquelle Allen, Corporation Counsel



CITY OF GARY
APPLICATION FOR GENERAL BUSINESS LICENSE

New (Initial) Fee:	\$150.00	LATE FEES:	\$35.00 (after 30 days)
Renewal Fee:	\$100.00		\$50.00 (after 60 days)
Penalty	\$40.00 (each prior year, up to 3 years)		\$75.00 (after 90 days)

APPLICANT INFORMATION

(An individual who is acting as an agent for the business)

APPLICANT NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL _____

HAVE YOU EVER OPERATED A BUSINESS WITHIN GARY CITY LIMITS? YES ___ NO ___

IF YES, WHEN? _____ ADDRESS _____

TYPE OF BUSINESS _____

BUSINESS INFORMATION

(All information in this section should pertain to the business)

LEGAL NAME OF BUSINESS _____

BUSINESS d/b/a (Doing Business As Name) _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

TYPE OF BUSINESS _____

TYPE OF BUSINESS ENTITY (sole Proprietor, LLC, Corporation, Partnership) _____

IF LLC OR CORPORATION IS BUSINESS REGISTERED WITH THE INDIANA SECRETARY OF STATE?

YES ___ NO ___

IF AN LLC OR CORPORATION PLEASE PROVIDE THE FOLLOWING:

ATTACHED ARTICLES OR INCORPORATION

ATTACHED STATE CERTIFICATE

LIST REGISTERED AGENT'S NAME _____ PHONE NUMBER _____

IF OUT OF STATE BUSINESS, ARE YOU LICENSUED IN THAT STATE? YES ___ NO ___



CITY OF GARY
APPLICATION FOR GENERAL BUSINESS LICENSE

PROPERTY OWNER INFORMATION

PROPERTY OWNER'S NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

EIN # _____ EMAIL ADDRESS _____

DISPOSAL OF GARBAGE BY BUSINESS

By ordinance, every business operating in the City of Gary shall have its garbage placed in a private refuse container and removed at the expense of the business by a private disposal service. If your business is not location in the City of Gary please put N/A.

HAVE YOU MADE ARRANGEMENTS FOR PRIVATE GARBAGE DISPOSAL? YES ___ NO ___

NAME OF DISPOSAL COMPANY _____

REQUIRED PERMITS, LICENSES, ETC.

Have you obtained all Permits and Licenses required by State, County, and Local Laws for your business? YES ___ NO ___

Are there any hazardous materials on the premises? YES ___ NO ___

If yes, please explain the nature of the materials _____

If your establishment is serving alcoholic beverages please attach a copy of your State Issued Liquor License. If your establishment is selling or preparing food you must apply for your food license with the City of Gary Health Department.

SIGNATURE

I, _____ being first duly sworn on oath, state the above foregoing representations are true and were made for the sole purpose of obtaining a General Business License. I understand that if a license is granted, I, or anyone acting on my behalf, will comply with all federal, state, and local laws, rules, regulations and ordinances governing this type of operation. By signing this Application, I agree to be subject to initial inspection(s) and subsequent inspections by the City of Gary.

Date _____ Applicant's Signature _____

State of Indiana, County of Lake) ss:

Subscribed and Sworn to before me, a Notary Public in and for the County and State aforesaid, this _____ day of _____, 20 _____

Notary Public _____

Resident: _____ County

My Commission Expires: _____



CITY OF GARY
APPLICATION FOR GENERAL BUSINESS LICENSE

This page is to be completed by the City of Gary

PLANNING AND ZONING DEPARTMENT

NAME OF APPLICANT _____

ZONING DISTRICT _____

INSPECTION DATE _____ ZONING OFFICER _____

IS THIS PROPERTY PROPERLY ZONED FOR USE? YES _____ NO _____

COMMENTS _____

FAVORABLY RECOMMENDED _____ UNFAVORABLY RECOMMENDED _____

DATE _____ ZONING ADMINISTRATOR _____

DEPARTMENT OF FINANCE

DATE _____ REVENUE COLLECTOR _____

FEE PAID _____ CONTROLLER _____

NOTE: The following Departments may contact you:

Department	Approved	Denied	Date
a. Code Enforcement	_____	_____	_____
b. Environmental Affairs	_____	_____	_____
c. Fire Department	_____	_____	_____
d. Police Department	_____	_____	_____
e. Building Department	_____	_____	_____
f. General Services	_____	_____	_____
g. Law Department	_____	_____	_____
h. Health and Human Services	_____	_____	_____

Revised: May 24, 2017