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.
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

<table>
<thead>
<tr>
<th>Company Name</th>
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<tbody>
<tr>
<td>Principal Address</td>
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<tr>
<td>Local Office Address</td>
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<tr>
<td>Business Phone</td>
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<tr>
<td>Emergency Phone</td>
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<tr>
<td>Fax No.</td>
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<td>Email</td>
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<tr>
<td>Taxpayer I.D. #</td>
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<tr>
<td>State of Incorporation</td>
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<td>Date of Incorporation</td>
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</table>

### Section II. Applicant Information

<table>
<thead>
<tr>
<th>Applicant Name</th>
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<tbody>
<tr>
<td>Title</td>
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<tr>
<td>Residential Address</td>
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<td>Date of Birth</td>
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<td>Social Security No.</td>
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<td>Resident Phone</td>
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<td>Cellular No.</td>
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<tr>
<td>Email (Mandatory)</td>
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</table>
1. Please specify License Type
   - Demolition
   - Drywall
   - Electrical
   - General Contractor Limited
   - General Contractor Unlimited
   - Mechanical Limited
   - Mechanical Unlimited
   - Roofing Unlimited

   Sub-Contractor (Please select up to 3 types):
   - Acoustical Ceiling
   - Asbestos
   - Asphalt Limited
   - Asphalt Unlimited
   - Board Up
   - Boiler Installation
   - Burglar/Fire Alarm
   - Cabinet Installation
   - Communication and Sound
   - Concrete
   - Decorative Metal
   - Elevator/escalator
   - Excavating
   - Fence Erection
   - Flooring
   - Garage/Doors
   - Glazers & Glass
   - House Moving
   - Insulation, All Types
   - Irrigation, Lawn Sprinkler
   - Landscaping
   - Machinery
   - Marine Contractor
   - Masonry
   - Metal Specialties
   - Overhead Utilities
   - Painting/Papering
   - Pile Driving
   - Plumbing
   - Plastering/Lath
   - Roof Deck
   - Roofing
   - Sandblasting
   - Screen Enclosure
   - Septic Systems
   - Sewer
   - Sheet Metal
   - Siding
   - Sign-Electrical
   - Sign Non-Electrical
   - Structure Steel
   - Swimming Pool
   - Tuck-Pointing
   - TV & Radio Tower
   - Underground Transmission
   - Underground Utilities
   - Waterproofing
   - Tile & Marble
   - 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Address</th>
<th>Telephone</th>
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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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Telephone</th>
<th>Email</th>
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</table>

7. References (Business or Business Association)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
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</table>

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

<table>
<thead>
<tr>
<th>Property Owner Name</th>
<th>Property Owner Address</th>
<th>Property Owner Telephone</th>
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<tbody>
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9. Previous addresses - list past business addresses the applicant has engaged in contracting in the last five years.

<table>
<thead>
<tr>
<th>1</th>
<th></th>
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<tbody>
<tr>
<td>2</td>
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10. List localities where you are currently licensed. Also, please attach copies of license, certificate, etc.

<table>
<thead>
<tr>
<th>City</th>
<th>How Long</th>
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11. Previous Complaints

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Date</th>
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</table>

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

<table>
<thead>
<tr>
<th>Financial Institution</th>
<th>Telephone</th>
<th>Address</th>
<th>Account Type</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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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: ___________________________
|------|---------|-----------|-----------|-------------|--------------|--------|------------|-------------|----------|------------|------------|----------|----------------|----------|------------|------------|----------|---------------|----------|------------|------------|----------|

Exam Date: ___________________________ Results: ___________________________ Examiner: ___________________________
STATE OF INDIANA   
COUNTY OF LAKE   

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.

FURTHER 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 _______________________
Niquell Allen, Corporation Counsel
STATE OF INDIANA    
COUNTY OF LAKE

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.

FURTHER 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 ___________________________________________________________________
Niquita 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 LICENSED 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 located 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
DIVISION OF ZONING

401 BROADWAY, SUITE 304
GARY, INDIANA 46402
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