



CITY OF GARY
APPLICATION FOR GENERAL BUSINESS LICENSE

New (Initial) Fee: \$150.00
Renewal Fee: \$100.00
Penalty \$40.00 (each prior year, up to 3 years)

LATE FEES: \$35.00 (after 30 – 120 days)
\$50.00 (after 121-240 days)
\$75.00 (after 240 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 LICENSSED IN THAT STATE? YES ___ NO ___



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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: _____



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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: March 3, 2017