



CITY OF GARY
APPLICATION FOR SECOND HAND AUTO DEALER'S LICENSE

NEW LICENSE:		\$250.00	
RENEWAL FEES:	1-20 vehicles	\$100.00	
	21-50 vehicles	\$125.00	NEW _____ RENEWAL _____
	51-100 vehicles	\$150.00	
	101-200 vehicles	\$175.00	
	201 or more	\$200.00	

APPLICANT INFORMATION

(All questions must be answered completely and accurately)

APPLICANT NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

SOCIAL SECURITY NUMBER _____ POSITION TITLE _____

OCCUPATION(S) _____

BUSINESS INFORMATION

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

NAME OF AUTO COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

TYPE OF BUSINESS ORGANIZATION (PROPRIETORSHIP, PARTNERSHIP, CORPORATION, OR OTHER): _____ STATE _____

IS THIS ORGANIZATION AUTHORIZED TO DO BUSINESS IN THE STATE OF INDIANA?
YES _____ NO _____

DATE _____

RETAIL LICENSE NUMBER _____



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EMPLOYEE INFORMATION

(Give the name, address, and date of birth for all owner and officers)

EMPLOYEE NAME _____ DATE OF BIRTH _____

ADDRESS _____

EMPLOYEE NAME _____ DATE OF BIRTH _____

ADDRESS _____

EMPLOYEE NAME _____ DATE OF BIRTH _____

ADDRESS _____

EMPLOYEE NAME _____ DATE OF BIRTH _____

ADDRESS _____

PROPERTY OWNER INFORMATION

NAME OF REAL PROPERTY OWNER _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

SIGNATURE OF PROPERTY OWNER _____ DATE _____

HAS THE OWNER, OFFICERS, OR BUSINESS MANAGERS EVER BEEN CONVICTED OF A FELONY?

YES _____ NO _____

IF YES, INDICATE CIRCUMSTANCES: _____

HAVE YOU EVER BEEN DENIED ANY LICENSE BY THE CITY OF GARY?

YES _____ NO _____

IF YES, PLEASE INDICATE CIRCUMSTANCES: _____

DO YOU HAVE AN INDIANA DEALER'S LICENSE PLATE?

YES _____ NO _____



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REFERENCES

(Provide three business references and one bank reference)

NAME _____ PHONE _____

ADDRESS _____

OCCUPATION _____ YEARS KNOWN _____

NAME _____ PHONE _____

ADDRESS _____

OCCUPATION _____ YEARS KNOWN _____

NAME _____ PHONE _____

ADDRESS _____

OCCUPATION _____ YEARS KNOWN _____

NAME OF BANK _____

CONTACT _____ PHONE _____

TYPE OF ACCOUNT(S) _____

NOTARY PUBLIC

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)

) ss:

County of Lake)

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

Notary Public _____

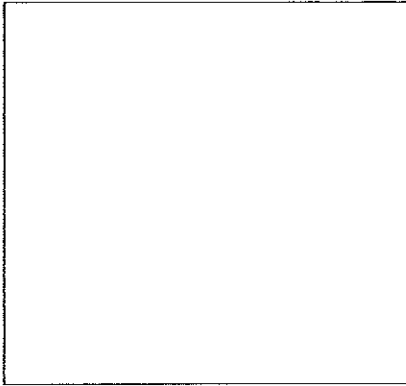
Resident: _____ County

My Commission Expires: _____

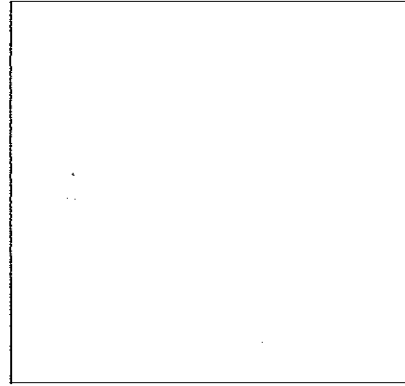


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POLICE DEPARTMENT



2" x 2" Photo Attached



Applicant's Thumb Print

APPLICANT NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

SOCIAL SECURITY NUMBER _____ HEIGHT _____ WEIGHT _____

HAS THIS PERSON EVER BEEN CONVICTED OF A CRIME OR MISDEMEANOR?

YES _____ NO _____

IF YES, PLEASE INDICATE CIRCUMSTANCES: _____

APPROVED _____ NOT APPROVED _____ DATE _____

COMMENTS _____

SIGNATURE OF POLICE CHIEF: _____



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PLANNING AND ZONING

NAME OF BUSINESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

PROVIDE A BRIEF DESCRIPTION OF ALL BUSINESS OPERATIONS _____

SIGNATURE OF APPLICANT _____ DATE _____

BELOW SECTION TO BE COMPLETED BY ZONING DEPARTMENT ONLY

ZONING DISTRICT _____

IS THIS PROPERLY ZONED FOR A SECONDHAND AUTO DEALERSHIP?

YES _____ NO _____

APPROVED _____ NOT APPROVED _____ DATE _____

COMMENTS: _____

SIGNATURE OF ZONING ADMINISTRATOR _____



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TO BE COMPLETED BY FINANCE DEPARTMENT ONLY

REVENUE COLLECTOR'S SIGNATURE _____ DATE _____

CONTROLLER'S SIGNATURE _____ DATE _____

FEE PAID _____

Revised: January 1, 2014