



CITY OF GARY
APPLICATION FOR TRANSIENT MERCHANT LICENSE

LICENSING FEES: \$200.00 (annual license)

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 _____

BUSINESS INFORMATION

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

ITEMS TO BE SOLD _____

HOW WILL ITEMS BE DISPLAYED? _____

FROM WHOM ARE ITEMS PURCHASED? _____

EMPLOYEE INFORMATION

(Information pertaining to anyone who will be selling merchandise under this license)

NAME AND AGE OF EMPLOYEES:

EMPLOYEE NAME _____ AGE _____

EMPLOYEE NAME _____ AGE _____

EMPLOYEE NAME _____ AGE _____

EMPLOYEE NAME _____ AGE _____



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POLICE REPORT

APPLICANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

DRIVER LICENSE NUMBER _____

SEX _____ HEIGHT _____ DATE OF BIRTH _____

EYE COLOR _____ HAIR COLOR _____

DISTINGUISHING MARKS _____

TO BE COMPLETED BY POLICE DEPARTMENT ONLY

HAS APPLICANT EVER BEEN ARRESTED AND/OR CONVICTED OF A FELONY?

YES ___ NO ___

IF YES, EXPLAIN: _____

APPROVED _____ NOT APPROVED _____ DATE _____

COMMENTS _____

BY BADGE NUMBER: _____

SIGNATURE OF POLICE CHIEF: _____ DATE: _____



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APPLICANT'S FINGERPRINTS

LEFT HAND RIGHT HAND

APPLICANT'S SIGNATURE _____

OFFICER'S SIGNATURE _____ DATE _____



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HEALTH DEPARTMENT REPORT

(Applies only to applicants who prepare food to sell)

APPLICANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

TYPE OF STRUCTURE PROPOSED _____

LIST ALL FOOD ITEMS SOLD _____

VEHICLE MAKE _____ MODEL _____ YEAR _____

LICENSE PLATE NUMBER _____ VEHICLE ID _____

TO BE COMPLETED BY HEALTH DEPARTMENT ONLY

APPLICANT'S FOOD HANDLER'S LICENSE NUMBER _____

EMPLOYEE NAME _____ FOOD HANDLER'S LICENSE # _____

EMPLOYEE NAME _____ FOOD HANDLER'S LICENSE # _____

EMPLOYEE NAME _____ FOOD HANDLER'S LICENSE # _____

EMPLOYEE NAME _____ FOOD HANDLER'S LICENSE # _____

APPROVED _____ NOT APPROVED _____ DATE _____

COMMENTS: _____

SIGNATURE OF HEALTH COMMISSIONER _____ CITY OF GARY



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ZONING PERMIT

APPLICANT NAME _____

PHONE NUMBER _____

EMAIL _____

PROPERTY OWNER'S SIGNATURE _____

Please read and initial indicating that you agree to adhere to each City Ordinance

APPLICANT'S INITIALS:

_____ THE APPLICANT SHALL NOT OPERATE ON STATE OR FEDERAL HIGHWAYS
UNLESS OFF-STREET PARKING EXIST

_____ THE APPLICANT SHALL NOT LOCATE WITHIN TWENTY (20) FEET OF ANY
ADJACENT CURB, ROAD, OR SIDEWALK.

_____ NO TWO BUSINESSES OPERATED BY TRANSIENT MECHANTS MAY BE OPERATED
WITHIN 1,500 FEET OF EACH OTHER.

TO BE COMPLETED BY ZONING DEPARTMENT ONLY

APPROVED _____ NOT APPROVED _____ DATE _____

COMMENTS: _____

SIGNATURE OF ZONING ADMINISTRATOR _____ CITY OF GARY



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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, 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: _____

TO BE COMPLETED BY DEPARTMENT OF FINANCE ONLY

REVENUE COLLECTOR'S SIGNATURE _____ DATE _____

CONTROLLER'S SIGNATURE _____ DATE _____

FEE PAID _____

Revised: May 1, 2018