



# CITY OF GARY – DEPARTMENT OF COMMERCE

## General Business License Application

NEW BUSINESS APPLICATION     
  CHANGE OF ADDRESS, BUSINESS NAME, OR BUSINESS OWNER  
 CURRENT LICENSE #: GBL - \_\_\_\_\_ - \_\_\_\_\_

### BUSINESS INFORMATION

\_\_\_\_\_  
 BUSINESS NAME (DBA) \_\_\_\_\_ - \_\_\_\_\_  
 FEDERAL EMPLOYMENT I.D. NUMBER (EIN)

**Gary, IN**

\_\_\_\_\_  
 PHYSICAL BUSINESS ADDRESS (FOR GARY-BASED BUSINESSES, OTHERWISE LEAVE BLANK)     
 CITY, STATE     
 ZIP

\_\_\_\_\_  
 BUSINESS PHONE     
 BUSINESS WEBSITE (URL)

THE BUSINESS/BUSINESS OWNER:

OWNS THIS PROPERTY   
  RENTS THIS PROPERTY     
 \_\_\_\_\_  
 GROSS FLOOR AREA OCCUPIED     
 BUSINESS OPENING DATE  
 BY BUSINESS (SQUARE FEET)     
 (MM/YYYY)

#### HOURS OF OPERATION:

|               | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|---------------|--------|---------|-----------|----------|--------|----------|--------|
| OPEN TO CLOSE |        |         |           |          |        |          |        |

IS THIS BUSINESS LOCATED IN A HOUSE?   
 YES   
 NO

#### BUSINESS STRUCTURE:

SOLE PROPRIETOR   
 LLC/CORPORATION   
 PARTNERSHIP   
 NONPROFIT   
 OTHER \_\_\_\_\_

#### BUSINESS TYPE (Check one. Business types in **bold** may require an additional license or review):

|   |   |  |   |   |
|---|---|--|---|---|
| <input type="checkbox"/> <b>Accommodations – Hotel/Motel/B&amp;B</b>      | <input type="checkbox"/> Beauty/Health/Wellness             | <input type="checkbox"/> <b>Food or Beverage Production</b>    | <input type="checkbox"/> Pharmacy                               | <input type="checkbox"/> Social Assistance                    |
| <input type="checkbox"/> <b>Adult/Sexually Oriented Business</b>          | <input type="checkbox"/> <b>Construction or Contractors</b> | <input type="checkbox"/> Information Systems Design or Support | <input type="checkbox"/> Printing or Publishing Services        | <input type="checkbox"/> Storage                              |
| <input type="checkbox"/> <b>Animal Care/Supplies</b>                      | <input type="checkbox"/> <b>Child or Elder Care/Daycare</b> | <input type="checkbox"/> Landscaping Services                  | <input type="checkbox"/> Professional/Business Support Services | <input type="checkbox"/> Truck Services                       |
| <input type="checkbox"/> Architecture, Engineering, or Design Services    | <input type="checkbox"/> Education or School                | <input type="checkbox"/> Laundry or Cleaning Services          | <input type="checkbox"/> Real Estate Services                   | <input type="checkbox"/> Wholesale Processing or Distribution |
| <input type="checkbox"/> Art, Photography, or Framing                     | <input type="checkbox"/> Entertainment                      | <input type="checkbox"/> Legal or Financial Services           | <input type="checkbox"/> Religious or Charitable Institution    | <input type="checkbox"/> <b>Waste Management or Recycling</b> |
| <input type="checkbox"/> <b>Automotive Sales</b>                          | <input type="checkbox"/> Farm, Orchard, or Nursery          | <input type="checkbox"/> Manufacturing or R&D                  | <input type="checkbox"/> Rental/Repair of Equipment/Supplies    | <input type="checkbox"/> Other (Please specify):              |
| <input type="checkbox"/> <b>Automotive Service, Gas Station, Car Wash</b> | <input type="checkbox"/> Financial Institution              | <input type="checkbox"/> Medical/Dental Care                   | <input type="checkbox"/> Retail – General                       |   |
| <input type="checkbox"/> <b>Bar or Restaurant</b>                         | <input type="checkbox"/> Fitness/Recreation                 | <input type="checkbox"/> Office – General                      | <input type="checkbox"/> Retail – Second Hand                   |   |

**WASTE DISPOSAL:** By ordinance, all businesses operating in the City of Gary shall have their garbage placed in a private refuse container and removed at the expense of the business by a private disposal company, and must have a plan to recycle or otherwise reduce waste.

\_\_\_\_\_  
 NAME OF DISPOSAL AND RECYCLING COMPANY (If business is not located in Gary, write N/A)

**HAZARDOUS MATERIALS:** Will any hazardous materials be stored on the premises?   
 YES   
 NO

\_\_\_\_\_  
 NATURE OF HAZARDOUS MATERIALS (If no hazardous materials will be stored on site, write N/A)

**BUSINESS OWNER INFORMATION**

|                                  |      |               |       |
|----------------------------------|------|---------------|-------|
| _____                            |      | _____         |       |
| OWNER NAME                       |      | OWNER PHONE   |       |
| _____                            |      | _____         | _____ |
| OWNER HOME ADDRESS (NO P.O. BOX) | CITY | STATE         | ZIP   |
| _____                            |      | _____         |       |
| OWNER DATE OF BIRTH (MM/DD/YYYY) |      | CONTACT EMAIL |       |

**BILLING PARTY INFORMATION** (Where license renewals and other official notices will be sent, if different from above)

|                                   |      |                         |       |
|-----------------------------------|------|-------------------------|-------|
| _____                             |      | _____                   |       |
| OWNER/CORPORATION NAME            |      | OWNER/CORPORATION PHONE |       |
| _____                             |      | _____                   | _____ |
| OWNER/CORPORATION MAILING ADDRESS | CITY | STATE                   | ZIP   |
| _____                             |      | _____                   |       |
| CONTACT NAME                      |      | CONTACT EMAIL           |       |

**EMERGENCY CONTACT INFORMATION**

|                        |               |
|------------------------|---------------|
| _____                  | _____         |
| PRIMARY KEYHOLDER NAME | 24 HOUR PHONE |

**FEES** – General Business License fees are charged annually. Licenses are valid for one year from the time of payment. The fee is \$150. No fees are charged for nonprofit organizations with valid 501(c)(3) paperwork.

**ADDITIONAL DOCUMENTATION** – Attach the following documents, as applicable.

- 501(c)(3) CERTIFICATION
- STATE-ISSUED LIQUOR LICENSE
- FOOD HANDLER’S LICENSE
- TRANSIENT MERCHANT LICENSE
- PEDDLER’S LICENSE
- SECOND-HAND AUTO DEALER’S LICENSE
- TAXI OPERATOR’S LICENSE
- ANY ADDITIONAL PERMITS OR LICENSES REQUIRED BY STATE, COUNTY, OR LOCAL LAW

**SIGNATURE**

I certify to the best of my knowledge that all the forgoing information is true and correct as provided.

|       |           |                   |
|-------|-----------|-------------------|
| _____ | _____     | _____             |
| NAME  | SIGNATURE | DATE (MM/DD/YYYY) |

|   |                             |                                 |
|---|-----------------------------|---------------------------------|
| <b>FOR INTERNAL USE ONLY:</b> PIN: _____ ZONING CODE: _____ TAXES: <input type="checkbox"/> CURRENT <input type="checkbox"/> DELINQUENT |                             |                                 |
| ZONING REVIEWED BY: _____   | SIGNATURE: _____            | DATE REVIEWED: _____            |
| POLICE REVIEW DATE: _____   | FIRE INSPECTION DATE: _____ | BUILDING INSPECTION DATE: _____ |
| FAVORABLY RECOMMENDED: <input type="checkbox"/> YES <input type="checkbox"/> NO - Details: _____  |                             |                                 |
| GBL - _____ - _____   | AMOUNT PAID: _____          | PAYMENT METHOD: _____           |
| FINANCE REVIEWED BY: _____  | SIGNATURE: _____            | DATE PAID: _____                |