



**City of Gary**  
**DEPARTMENT OF COMMERCE BUILDING DIVISION**

**JEROME A PRINCE**  
Mayor

**401 Broadway Room 307**  
Gary, IN 46402  
(219) 881-1377 Fax (219) 881-1425

**DAVID STALF**  
Building Commissioner

**2020**

**LICENSED CONTRACTOR RENEWAL FORM**

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		
Insurance Expiration Date:		
Bond Expiration Date:		
Name of License Holder:		
Type of License(s):		
Authorized Person(s) to pull permit(s):		
1.		
2.		
3.		

\_\_\_\_\_  
**Signature of License Holder**

**REQUIRED INFORMATION MUST BE INCLUDED WITH THIS FORM:**

- \*Check for \$70 to be made out to **CITY OF GARY**
- \*Copy of updated **RECORDED BOND**
- \*Copy of updated **CERTIFICATE OF INSURANCE**

**January 1 – January 31:     \$70**  
**February 1 – February 28:  \$75**  
**March 1 – Beyond:           \$85**