

Name of certified Food Employee (if required): _____
(attach copy)

List employees and Health Card numbers (or attach copies)

List sources of foods (Vendor, address and phone)

Jerome Prince
Mayor, City of Gary



Roland Walker, MD
Health Commissioner

Arlene Colvin
Chief of Staff

Veronica Collins
Executive Director

City of Gary

Office use only
File # _____
Application date _____
License # _____

Environmental Health Division
Application for Restaurant & Retail Food License
(Type or Print Clearly)

Name of Establishment: _____

Address: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Owner: _____

Owner Address: _____ City/State/Zip: _____

Owner Phone: _____ Mobile: _____ Fax: _____

Owner E-mail: _____

Type of Business: _____ Days & Hours of operation: _____

Name of Cleaning/Maintenance Company: _____

Check if cleaning done by employees Address: _____

Phone: _____

Name of Sanitation Service: _____

Address: _____ Phone: _____

Frequency of service: _____ (weekly, bi-weekly, monthly.....)

* Name of Pest Control Company: _____

Address: _____ Phone: _____

*Note: When pest control is necessary, pesticides must be applied by licensed pesticide applicators.

(over)