



CITY OF GARY

**APPLICATION FOR SECOND HAND AUTO DEALER'S LICENSE**

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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	

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**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 \_\_\_\_\_



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RETAIL LICENSE NUMBER \_\_\_\_\_

**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?



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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 \_\_\_\_\_

**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) \_\_\_\_\_

\_\_\_\_\_



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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 )

) ss:

County of Lake )

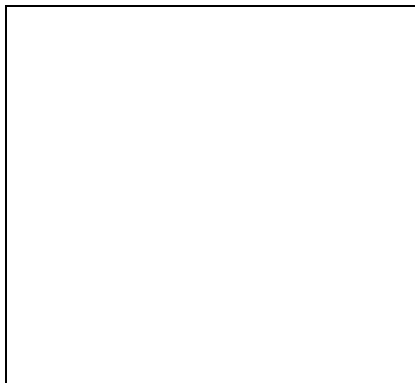
Subscribed and Sworn to before me, a Notary Public in and for the County and State aforesaid, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_

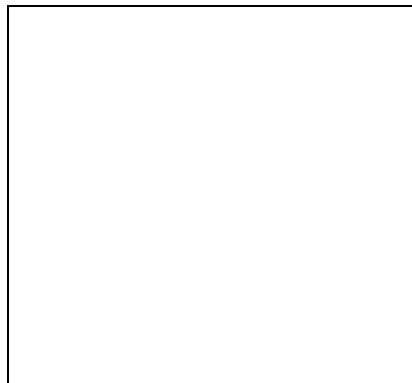
Resident: \_\_\_\_\_ County

My Commission Expires: \_\_\_\_\_

**POLICE DEPARTMENT**



2" x 2" Photo Attached



Applicant's Thumb Print



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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: \_\_\_\_\_

**PLANNING AND ZONING**

NAME OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_



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PROVIDE A BRIEF DESCRIPTION OF ALL BUSINESS OPERATIONS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_

**BELOW SECTION TO BE COMPLETED BY ZONING DEPARTMENT ONLY**

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ZONING DISTRICT \_\_\_\_\_

IS THIS PROPERLY ZONED FOR A SECONDHAND AUTO DEALERSHIP?

YES \_\_\_\_\_ NO \_\_\_\_\_

APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF ZONING ADMINISTRATOR \_\_\_\_\_

\_\_\_\_\_

**TO BE COMPLETED BY FINANCE DEPARTMENT ONLY**

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REVENUE COLLECTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CONTROLLER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FEE PAID \_\_\_\_\_

Revised: January 1, 2014