

# 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)

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

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

THE BUSINESS/BUSINESS OWNER: \_\_\_\_\_

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

### HOURS OF OPERATION:

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
OPEN TO CLOSE							

IS THIS BUSINESS LOCATED IN A HOUSE?  YES  NO

### BUSINESS STRUCTURE:

SOLE PROPRIETER       LLC/CORPORATION       PARTNERSHIP       NONPROFIT       OTHER

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

<input type="checkbox"/> Accommodations – Hotel/Motel/B&B	<input type="checkbox"/> Beauty/Health/Wellness	<input type="checkbox"/> Food or Beverage Production	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Social Assistance
<input type="checkbox"/> Adult/Sexually Oriented Business	<input type="checkbox"/> Construction or Contractors	<input type="checkbox"/> Information Systems Design or Support	<input type="checkbox"/> Printing or Publishing Services	<input type="checkbox"/> Storage
<input type="checkbox"/> Animal Care/Supplies	<input type="checkbox"/> Child or Elder Care/Daycare	<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"/> Waste Management or Recycling
<input type="checkbox"/> Automotive Sales	<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"/> Automotive Service, Gas Station, Car Wash	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Medical/Dental Care	<input type="checkbox"/> Retail – General	
<input type="checkbox"/> Bar or Restaurant	<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)

CITY OF GARY  
DEPARTMENT OF COMMERCE – FEBRUARY 2019

401 BROADWAY, SUITE 304  
GARY, INDIANA 46402

PHONE: (219) 881-1332  
FAX: (219) 886-0817

**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 checked="" type="checkbox"/> NO - Details: _____
GBL - _____ - _____ AMOUNT PAID: _____ PAYMENT METHOD: _____
FINANCE REVIEWED BY: _____ SIGNATURE: _____ DATE PAID: _____