



CITY OF GARY
APPLICATION FOR SPECIAL EVENT VENDOR LICENSE

LICENSING FEES: \$120.00 (annual
license)

APPLICANT INFORMATION

(An individual who is acting as an agent for the business)

APPLICANT NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL _____

BUSINESS INFORMATION

(All information in this section should pertain to the business)

ITEMS TO BE SOLD _____

HOW WILL ITEMS BE DISPLAYED? _____

FROM WHOM ARE ITEMS PURCHASED? _____

EMPLOYEE INFORMATION

(Information pertaining to anyone who will be selling merchandise under this license)

NAME AND AGE OF EMPLOYEES:

EMPLOYEE NAME _____ AGE _____

EMPLOYEE NAME _____ AGE _____

EMPLOYEE NAME _____ AGE _____

EMPLOYEE NAME _____ AGE _____

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POLICE REPORT

APPLICANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

DRIVER LICENSE NUMBER _____

SEX _____ HEIGHT _____ DATE OF BIRTH _____

EYE COLOR _____ HAIR COLOR _____

DISTINGUISHING MARKS _____

TO BE COMPLETED BY POLICE DEPARTMENT ONLY

HAS APPLICANT EVER BEEN ARRESTED AND/OR CONVICTED OF A FELONY?

YES___ NO___

IF YES, EXPLAIN: _____

APPROVED _____ NOT APPROVED _____

DATE _____



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COMMENTS _____

BY BADGE NUMBER: _____

SIGNATURE OF POLICE CHIEF: _____ DATE: _____

APPLICANT'S FINGERPRINTS



CITY OF GARY
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LEFT HAND

RIGHT HAND

APPLICANT'S SIGNATURE _____

OFFICER'S SIGNATURE _____ DATE _____

HEALTH DEPARTMENT REPORT

(Applies only to applicants who prepare food to sell)

APPLICANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LIST ALL FOOD ITEMS SOLD _____

VEHICLE MAKE _____ MODEL _____ YEAR _____

LICENSE PLATE NUMBER _____ VEHICLE ID _____



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TO BE COMPLETED BY HEALTH DEPARTMENT ONLY

APPLICANT'S FOOD HANDLER'S LICENSE NUMBER _____

EMPLOYEE NAME _____ FOOD HANDLER'S LICENSE # _____

EMPLOYEE NAME _____ FOOD HANDLER'S LICENSE # _____

EMPLOYEE NAME _____ FOOD HANDLER'S LICENSE # _____

EMPLOYEE NAME _____ FOOD HANDLER'S LICENSE # _____

APPROVED _____ NOT APPROVED _____ DATE _____

COMMENTS: _____

SIGNATURE OF HEALTH COMMISSIONER _____

ZONING PERMIT

APPLICANT NAME _____

PHONE NUMBER _____

EMAIL _____

APPLICANT'S INITIALS:



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____ THE APPLICANT SHALL NOT IMPEDE THE MOVEMENT OF PEDESTRIANS OR VEHICLES.

____ THE APPLICANT SHALL ONLY SELL ITEMS WITHIN THE HOURS OF 9:00 AM AND 6:00 PM.

____ THE APPLICANT SHALL NOT HAVE ANY EXCLUSIVE RIGHT TO ANY LOCATION AND SHALL NOT OPERATE FROM A FIXED LOCATION.

____ THE APPLICANT SHALL NOT SOLICIT GOODS WITHIN THREE HUNDRED (300) FEET OF A SCHOOL OR ANY PLACE OF PUBLIC INSTRUCTION BETWEEN THE HOURS OF 7:30AM AND 4:00PM.

TO BE COMPLETED BY ZONING DEPARTMENT ONLY

APPROVED _____ NOT APPROVED _____ DATE _____

COMMENTS: _____

SIGNATURE OF ZONING ADMINISTRATOR _____

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.



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Date Applicant's Signature

State of Indiana, County of Lake) ss:

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:

TO BE COMPLETED BY DEPARTMENT OF FINANCE ONLY

REVENUE COLLECTOR'S SIGNATURE DATE

CONTROLLER'S SIGNATURE DATE

FEE PAID

Revised: February 20, 2013