



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

**KAREN FREEMAN-WILSON**  
Mayor

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

**STEVEN D. MARCUS**  
Building Commissioner

**CONTRACTORS LICENSING PROCEDURES CHECKLIST**

Applicants are eligible to appear before the Contractor's Licensing Board the last Thursday of every month at 1:00pm. Eligibility for becoming a Licensed Contractor will include the following:

1. Completed Contractor's License Application. (\$20.00 Application Fee)
2. Two signed and notarized affidavits. (Provided in the application packet)
3. Certificate of Liability and Property Insurance. (Minimum required: \$100,000)
4. Recorded General Surety Bond with Lake County Recorder's Office.  
(General: \$5000, Asbestos: \$10,000, Tank Contractor: \$10,000)
5. Written Test Results (Where Applicable)
6. Examination Fee (\$150 per exam)
7. Approval for a General Business License. (Application provided in packet)  
(Zoning Department, Room 304/ 219-881-1332)

Upon the Licensing Board's approval, the following fees will apply:

1. Contractor's License Fee (New) - \$120.00
2. General Business License Fee (New) - \$150.00
3. Contractor's Renewal Fee: January 1 – January 31: \$70.00  
Delinquent Fees:  
February 1 – March 1: \$75.00  
March 2 and beyond: \$85.00

Expiration of licenses is December 31 of each year.

To save time, please use our online system at <http://www.gary.in.us/gary-bulding-department/>. Click on **Permit Services** and then press **Click link to begin** to create an account. From there, you will be able to create a permit, apply, and renew your license from the comfort of your home or office. Please ensure that all of your supporting documents are uploaded as to not delay the process.



City of Gary  
DEPARTMENT OF COMMERCE  
BUILDING DIVISION

**KAREN FREEMAN-WILSON**  
Mayor

401 Broadway  
Gary, IN 46403  
(219) 881-1377  
Fax: (219) 881-1425

**STEVEN MARCUS**  
Building Commissioner

### Application for Contractor's License

(All blanks must be completed before the application will be considered. Please print or type in black ink.)

#### Section I. Business Information

Company Name	
Principal Address	
Local Office Address	
Business Phone	
Emergency Phone	
Fax No.	
Email	
Taxpayer I.D. #	
State of Incorporation	
Date of Incorporation	

#### Section II. Applicant Information

Applicant Name	
Title	
Residential Address	
Date of Birth	
Social Security No.	
Resident Phone	
Cellular No.	
Email (Mandatory)	

1. Please specify License Type

General I     Electrical     Mechanical I     Demolition

General II     Plumbing     Mechanical II

Sub-Contractor (Please select up to 3 types):

- |  |  |   |  |  |
|--|--|---|--|--|
| <input type="checkbox"/> Acoustical Ceiling      | <input type="checkbox"/> Elevator/Escalator    | <input type="checkbox"/> Machinery          | <input type="checkbox"/> Sandblasting        | <input type="checkbox"/> Tennis Court                |
| <input type="checkbox"/> Asbestos                | <input type="checkbox"/> Excavating            | <input type="checkbox"/> Marine Contractor  | <input type="checkbox"/> Scaffolding         | <input type="checkbox"/> Tile and Marble             |
| <input type="checkbox"/> Asphalt Limited         | <input type="checkbox"/> Fence Erection        | <input type="checkbox"/> Metal Specialties  | <input type="checkbox"/> Screen Enclosure    | <input type="checkbox"/> Tree Cutting                |
| <input type="checkbox"/> Asphalt Unlimited       | <input type="checkbox"/> Flooring              | <input type="checkbox"/> Overhead Utilities | <input type="checkbox"/> Septic Systems      | <input type="checkbox"/> Tuck-Pointing               |
| <input type="checkbox"/> Board Up                | <input type="checkbox"/> Garages/Doors         | <input type="checkbox"/> Painting/Papering  | <input type="checkbox"/> Sheet Metal         | <input type="checkbox"/> TV and Radio Tower          |
| <input type="checkbox"/> Boiler Installation     | <input type="checkbox"/> Glazers and Glass     | <input type="checkbox"/> Pile Driving       | <input type="checkbox"/> Siding              | <input type="checkbox"/> Underground<br>Transmission |
| <input type="checkbox"/> Burglar/Fire Alarm      | <input type="checkbox"/> House Moving          | <input type="checkbox"/> Roofing I          | <input type="checkbox"/> Sign-Electrical     | <input type="checkbox"/> Underground<br>Utilities    |
| <input type="checkbox"/> Cabinet Installation    | <input type="checkbox"/> Insulation, All Types | <input type="checkbox"/> Roofing II         | <input type="checkbox"/> Sign-Non Electrical | <input type="checkbox"/> Waterproofing               |
| <input type="checkbox"/> Communication and Sound | <input type="checkbox"/> IRR/Lawn Sprinkler    | <input type="checkbox"/> Roof Deck          | <input type="checkbox"/> Structural Steel    | <input type="checkbox"/> Window and Door             |
| <input type="checkbox"/> Decorative Metal        | <input type="checkbox"/> Landscaping           | <input type="checkbox"/> Roof Painting      | <input type="checkbox"/> Swimming Pool       |  |

2. Please provide a description of work and services the applicant will provide (applicable for all license types)

---



---

3. Check box for your type of business structure

Individual/Sole Proprietor     Partnership     Corporation     Limited Liability

4. Provide name, address, title and telephone for each owner, partner, and/or officer and registered agents.

Name	Title	Address	Telephone
1			
2			
3			
4			

5. Please provide info if the applicant is an Individual/Sole Proprietor or Individual doing business under an assumed name.

Business Name	
Business Address	
Business Phone No.	Email:

6. Please list members of business, i.e. managers, acting agents designated to apply for building permits, etc.

	Name	Title	Telephone	Email
1				
2				
3				
4				

7. References (Business or Business Association)

	Name	Address	Telephone
1			
2			
3			
4			

8. Please list jobs completed by your company in the last two years.

	Property Owner Name	Property Owner Address	Property Owner Telephone
1			
2			
3			
4			

9. Previous business addresses - list past business addresses the applicant has engaged in contracting in the last five years.

1	
2	

10. List localities where you are currently licensed. Also, please attach copies of license, certificate, etc.

	City	How Long
1		
2		
3		
4		

11. Previous Complaints

	Disposition	Date
1		
2		
3		

12. Have you ever been arrested/convicted in Indiana, or any other state of obtaining money under false pretenses, extortion, forgery, embezzlement or criminal conspiracy to defraud, or other like offenses?  yes  no

13. Are you currently under indictment or charged by information for the offense of any of the above charges?  yes  no

14. If yes, please explain nature of charges and the status of case.

---

---

---

15. If yes, please explain nature of arrest/charge, date of conviction, court and revocation where arrested/conviction, sentence imposed and whether the sentence or disposition has been completed.

---

---

---

16. Are you familiar with the applicable State of Indiana and City of Gary, Indiana respective building codes?  yes  no

17. Are you familiar with the required permits, inspections and approvals necessary in the City of Gary, Indiana?  yes  no

**18. Financial Information**

	Financial Institution	Telephone	Address	Account Type
1				
2				
3				
4				

**Section III. Signature Certification**

I understand that I, or a representative of the above business, must inform the City of Gary, Indiana Building Department in writing should the business no longer carry insurance, if the business is dropped from an insurance carrier, or if any policy limits are reduced to an amount less than is required by the City of Gary, Indiana.

I understand that if the above applicant's business is dropped, no longer carries, or carries insurance in an amount less than is required by the City of Gary, Indiana or the laws of the State of Indiana, then the business license issued by the City as a result of this application shall be immediately rescinded and void.

I affirm under the penalties of perjury that all employees, agents and independent contractor's working directly or indirectly for the above business are fully covered by Workman's Compensation Insurance pursuant to the conditions and limits in conformity with the laws of the State of Indiana.

Any change in the facts stated in this application shall be reported to the Building Commissioner within 14 days of the effective date of such change. Failure to comply with this requirement is grounds for license revocation.

I affirm under the penalties of perjury that this application is true and complete, and I authorize the City of Gary, Indiana Building Department to make inquiries to verify the accuracy of the statements made herein. Any false statement or misrepresentation of any fact contained in this application is grounds for denial or revocation of the license for which I am applying.

---

Signature of Officer/Partner

Date

---

Print and Title

**For Office Use Only**

Departmental Approval:

Steven Marcus, Building Commissioner

Date Approved

Processed By

Date Processed

YEAR				
QUIETUS				
BOND TYPE				
EXP. DATE				
INS. EXP DATE				
WORK COMP EXP		STATE:		
LICENSE NO.				
PLUMBER-CORP.	LIC. NO.:	ISSUE DATE:	ISSUE DATE:	EXP. DATE:
PLUMBER-INDIVI.	LIC. NO.:	ISSUE DATE:	ISSUE DATE:	EXP. DATE:
STATE CERT/UST	LIC. NO.:	ISSUE DATE:	ISSUE DATE:	EXP. DATE:

Exam Date: \_\_\_\_\_ Results: \_\_\_\_\_ Examiner: \_\_\_\_\_

STATE OF INDIANA )  
 )  
COUNTY OF LAKE )

SS:

AFFIDAVIT OF ENDORSEMENT OF APPLICANT  
FOR CONTRACTOR'S LICENSE

APPLICANT'S NAME: \_\_\_\_\_  
(Please type or print)

I, the undersigned Affiant, being first duly sworn and upon my oath depose and say as follows:

1. That I am a resident of the City of \_\_\_\_\_, state of \_\_\_\_\_ where I own real estate. I currently reside at \_\_\_\_\_ and have so resided at this address since \_\_\_\_/\_\_\_\_/\_\_\_\_.
2. That I am personally acquainted with the above Applicant and that I have known the Applicant since \_\_\_\_\_.
3. That I am familiar with the Applicant's professional work as a contractor and know of no reason why Applicant should not be issued a Contractor's License for the City of Gary.
4. That the Applicant is honest, of good moral character and no relation to me.
5. That the above statements are true to the best of my knowledge and belief.

FUTHER AFFIANT SAYETH NOT:

\_\_\_\_\_  
Signature of Affiant

SUBSCRIBED and SWORN to before me, Notary Public in and for said county and state, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary's Signature  
Lake County Resident

Approved

  
\_\_\_\_\_  
Niquelle Allen, Corporation Counsel

STATE OF INDIANA )  
 )  
COUNTY OF LAKE )

SS:

AFFIDAVIT OF ENDORSEMENT OF APPLICANT  
FOR CONTRACTOR'S LICENSE

APPLICANT'S NAME: \_\_\_\_\_  
(Please type or print)

I, the undersigned Affiant, being first duly sworn and upon my oath depose and say as follows:

1. That I am a resident of the City of \_\_\_\_\_, state of \_\_\_\_\_ where I own real estate. I currently reside at \_\_\_\_\_ and have so resided at this address since \_\_\_\_/\_\_\_\_/\_\_\_\_.
2. That I am personally acquainted with the above Applicant and that I have known the Applicant since \_\_\_\_\_.
3. That I am familiar with the Applicant's professional work as a contractor and know of no reason why Applicant should not be issued a Contractor's License for the City of Gary.
4. That the Applicant is honest, of good moral character and no relation to me.
5. That the above statements are true to the best of my knowledge and belief.

FUTHER AFFIANT SAYETH NOT:

\_\_\_\_\_  
Signature of Affiant

SUBSCRIBED and SWORN to before me, Notary Public in and for said county and state, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary's Signature  
Lake County Resident

Approved Niquelle Allen  
Niquelle Allen, Corporation Counsel





CITY OF GARY  
APPLICATION FOR GENERAL BUSINESS LICENSE

New (Initial) Fee: \$150.00  
Renewal Fee: \$100.00  
Penalty \$40.00 (each prior year, up to 3 years)

LATE FEES: \$35.00 (after 30 days)  
\$50.00 (after 60 days)  
\$75.00 (after 90 days)

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

HAVE YOU EVER OPERATED A BUSINESS WITHIN GARY CITY LIMITS? YES \_\_\_ NO \_\_\_

IF YES, WHEN? \_\_\_\_\_ ADDRESS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

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

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

BUSINESS ADDRESS \_\_\_\_\_

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

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

TYPE OF BUSINESS \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

PROPERTY OWNER'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

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

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

**DISPOSAL OF GARBAGE BY BUSINESS**

By ordinance, every business operating in the City of Gary shall have its garbage placed in a private refuse container and removed at the expense of the business by a private disposal service.

HAVE YOU MADE ARRANGEMENTS FOR PRIVATE GARBAGE DISPOSAL? YES \_\_\_ NO \_\_\_

NAME OF DISPOSAL COMPANY \_\_\_\_\_



CITY OF GARY  
APPLICATION FOR GENERAL BUSINESS LICENSE

**TYPE OF BUSINESS ENTITY**  
**A. SOLE PROPRIETOR, IF APPLICABLE**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**B. PARTNERSHIP OR CORPORATION**  
(A corporation must attach Articles of Incorporation)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**REQUIRED PERMITS, LICENSES, ETC.**

Have you obtained all Permits and Licenses required by State, County, and Local Laws for your business? YES \_\_\_\_\_ NO \_\_\_\_\_  
Are there any hazardous materials on the premises? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain the nature of the materials \_\_\_\_\_

**REFERENCES**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**SIGNATURE**

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, 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: \_\_\_\_\_



**PLANNING AND ZONING**

NAME OF APPLICANT \_\_\_\_\_

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

INSPECTION DATE \_\_\_\_\_ ZONING OFFICER \_\_\_\_\_

IS THIS PROPERTY PROPERLY ZONED FOR USE? YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FAVORABLY RECOMMENDED \_\_\_\_\_ UNFAVORABLY RECOMMENDED \_\_\_\_\_

DATE \_\_\_\_\_ ZONING ADMINISTRATOR \_\_\_\_\_

**DEPARTMENT OF FINANCE**

DATE \_\_\_\_\_ REVENUE COLLECTOR \_\_\_\_\_

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

**NOTE:** The following Departments may contact you:

- a. Code Enforcement
- b. Environmental Affairs
- c. Fire Department
- d. Police Department
- e. Building Department
- f. General Services
- g. Law Department
- h. Health and Human Services

Revised: January 1, 2014