



Rudolph Clay
Mayor, City of Gary

Geraldine B. Tousant
Deputy Mayor, City of Gary

CITY OF GARY

Department of Health Inspections
Application for Restaurant & Retail Food License
(Type or Print Clearly)

Office Use Only

File # _____
Application Date _____
License # _____

Name of Establishment:

Address:

Zip Code:

Phone:

Fax:

Email:

Owner:

Owner Address:

City:

State:

Owner Phone:

Mobile:

Fax:

Owner Email:

Type of business:

Name of certified food employee (if required):

Days and hours of operation:

Menu items (may attach menu):

List sources of foods (Vendor Name, Address, and Phone):

List employees & food handler card # (or attach photocopy of cards):

Sanitation

Name of Cleaning/Maintenance Company:

Address:

Phone:

*Name of Pest Control Company:

Address:

Phone:

Frequency of Service: Weekly Bi-Weekly Monthly Bi-Monthly

Name of Sanitation Service:

Address:

Phone:

Frequency of Service:

List additional certified employees and/or food handler's information

*Note: Pesticides must be applied by those licensed in their usage.