



City of Gary
COMMUNITY INVESTMENT
BUILDING DIVISION

EDDIE D. MELTON
Mayor

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

FLORZELL HAWKINS Jr.
Building Commissioner

CONTRACTORS LICENSING PROCEDURES CHECKLIST

Eligibility for becoming a Licensed Contractor will include the following:
(Specialty License applicants will start with number #3)

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

Applicants are eligible to appear before the Contractor's Licensing Board the last Thursday of every month at 1 :00pm. 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

Expiration of licenses is December 31 of each year. Renewals will be accepted on/after January 1 of each year.

Renewal Fees:

Contractors License - \$70 (per license)
General Business - \$100



City of Gary
COMMUNITY INVESTMENT
BUILDING DIVISION

EDDIE D. MELTON
Mayor

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

FLORZELL HAWKINS Jr.
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 Name	
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. (last 4 digits only)	
Resident Phone	
Cellular No.	
Email (Mandatory)	

1. Please Specify Type of License:

<input type="checkbox"/>	CARPENTRY	<input type="checkbox"/>	ELECTRICAL	<input type="checkbox"/>	GENERAL II	<input type="checkbox"/>	ROOFING I
<input type="checkbox"/>	DEMOLITION	<input type="checkbox"/>	FIRE SPRINKLER	<input type="checkbox"/>	MECHANICAL I	<input type="checkbox"/>	ROOFING II
<input type="checkbox"/>	DRYWALL	<input type="checkbox"/>	GENERAL I	<input type="checkbox"/>	MECHANICAL II	<input type="checkbox"/>	SEWER

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

<input type="checkbox"/>	ACOUSTICAL CEILING	<input type="checkbox"/>	ASBESTOS	<input type="checkbox"/>	ASPHALT I
<input type="checkbox"/>	ASPHALT II	<input type="checkbox"/>	BOARD UP	<input type="checkbox"/>	BOILER INSTALLATION
<input type="checkbox"/>	BURGLAR/FIRE ALARM	<input type="checkbox"/>	CABINET INSTSALLATION	<input type="checkbox"/>	CONCRETE I
<input type="checkbox"/>	CONCRETE II	<input type="checkbox"/>	DECORATIVE METAL	<input type="checkbox"/>	ELEVATOR/ESCALATOR
<input type="checkbox"/>	EXCAVATING	<input type="checkbox"/>	FENCE ERECTION	<input type="checkbox"/>	FLOORING
<input type="checkbox"/>	GARAGE DOOR/GARAGES	<input type="checkbox"/>	GLAZERS & GLASS	<input type="checkbox"/>	HOUSE MOVING
<input type="checkbox"/>	INSULATION, ALL TYPES	<input type="checkbox"/>	IRRIGATION & LAWN SPRINKLER	<input type="checkbox"/>	LANDSCAPING
<input type="checkbox"/>	MACHINERY	<input type="checkbox"/>	MARINE CONTRACTOR	<input type="checkbox"/>	METAL SPECIALTIES
<input type="checkbox"/>	PAINTING & PAPERING	<input type="checkbox"/>	PILE DRIVING	<input type="checkbox"/>	PLUMBING
<input type="checkbox"/>	PRESSURE PROCESSING	<input type="checkbox"/>	ROOF DECK	<input type="checkbox"/>	ROOF PAINTING
<input type="checkbox"/>	SANDBLASTING	<input type="checkbox"/>	SCAFFOLDING	<input type="checkbox"/>	SCREEN ENCLOSURE
<input type="checkbox"/>	SEPTIC SYSTEMS	<input type="checkbox"/>	SHEET METAL	<input type="checkbox"/>	SIDING
<input type="checkbox"/>	SIGN-ELECTRICAL	<input type="checkbox"/>	SIGN-NON ELECTRICAL	<input type="checkbox"/>	STRUCTURAL STEEL
<input type="checkbox"/>	SWIMMING POOL I	<input type="checkbox"/>	SWIMMING POOL II	<input type="checkbox"/>	TENNIS COURT
<input type="checkbox"/>	TILE & MARBLE	<input type="checkbox"/>	TREE CUTTING	<input type="checkbox"/>	TUCK POINTING
<input type="checkbox"/>	TV & RADIO TOWER	<input type="checkbox"/>	UNDERGROUND TRANSMISSION	<input type="checkbox"/>	UNDERGROUND UTILITIES
<input type="checkbox"/>	WATERPROOFING	<input type="checkbox"/>	WINDOW & DOOR	<input type="checkbox"/>	COMMUNICATIONS & SOUND

2. 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 registered agents.

	Name	Title	Address	Telephone
1.				
2.				
3.				
4.				

5. 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. List all 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. 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 address – 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, certificates, etc.

City	How Long
1.	
2.	
3.	
4.	

11. Previous Complaints

Disposition

Date

1.		
2.		
3.		

12. Have you 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 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.			

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 inquires 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:

Florzell Hawkins Jr., Building Commissioner

Date Approved

Processed By

Date Processed

YEAR				
QUIETES				
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

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. 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. I am personally acquainted with the above Applicant and that I have known the Applicant since _____.

3. I am familiar with the Applicant's professional work, as a contractor, and I know of no reason why Applicant should not be issued a Contractor's License for the City of Gary.

4. The Applicant is honest, of good moral character and is no relation to me.

5. The above statements are true to the best of my knowledge and belief.

FURTHER AFFIANT SAYETH NOT.

Signature of Affiant

SUBSCRIBED and SWORN to before me, this
____ day of _____, 202____.

NOTARY PUBLIC

Approved: _____

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. 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. I am personally acquainted with the above Applicant and that I have known the Applicant since _____.

3. I am familiar with the Applicant's professional work, as a contractor, and I know of no reason why Applicant should not be issued a Contractor's License for the City of Gary.

4. The Applicant is honest, of good moral character and is no relation to me.

5. The above statements are true to the best of my knowledge and belief.

FURTHER AFFIANT SAYETH NOT.

Signature of Affiant

SUBSCRIBED and SWORN to before me, this
____ day of _____, 202____.

NOTARY PUBLIC

Approved: _____



APPLICATION FOR A **NEW** GENERAL BUSINESS LICENSE WITH THE CITY OF GARY

NEW BUSINESS APPLICATION CHANGE OF ADDRESS, BUSINESS NAME, NEW EIN, OR BUSINESS OWNER
 CURRENT LICENSE # : GBL - _____ - _____

BUSINESS INFORMATION

BUSINESS NAME (DBA) _____ FEDERAL EMPLOYMENT I.D. NUMBER (EIN) _____

PHYSICAL BUSINESS ADDRESS _____ 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) _____
Provide the Zoning Department with proof of ownership or lease agreement and written permission by the owner to operate the business on the property

HOURS OF OPERATION:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
OPEN TO CLOSE							

LOCATED ON A RESIDENTIAL PROPERTY? YES NO ALL WORK PERFORMED OFF-SITE (e.g. Contractors, Transportation)

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

SOLE PROPRIETER LLC/CORPORATION PARTNERSHIP NONPROFIT OTHER

<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) _____

BUSINESS OWNER INFORMATION

OWNER NAME OR COMPANY NAME IF LLC

OWNER PHONE

OWNER HOME ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP

OWNER DATE OF BIRTH (MM/DD/YYYY)

CONTACT EMAIL

BILLING PARTY INFORMATION (If different from above)

NAME

PHONE

HOME ADDRESS

CITY

STATE

ZIP

EMERGENCY CONTACT INFORMATION

NAME

24 HOUR PHONE

FEES - General Business Licenses are valid until the end of the calendar year and are renewed annually. The general business license renewal fee is \$100. No fees are charged for nonprofit organizations with valid 501(c)(3) paperwork.

Late fee schedule (if applicable)

	Business starting with first letter A-K	Business starting with first letter L-Z	Itemized license fee	Total license fee
Renewal due date	Jan. 31	Feb 28(29)	\$100	\$100
Late 1-120 days	Feb. 1 - May. 31	Mar. 1 - Jun. 28	\$35	\$135
Late 121-240 days	Jun. 1 - Sept. 28	Jun. 29 - Oct. 26	\$50	\$150
Late 241-365 days	Sept. 29 - Jan. 30	Oct. 27 - Feb 27(28)	\$75	\$175
over 1 year			\$115	\$215
each additional year over 1 year			\$40 per year over 1 year	\$215 + \$40 per year over 1 year

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)

FOR INTERNAL USE ONLY: PARCEL # _____ ZONING CODE _____

DESCRIPTION OF PERMITTED USES _____

ZONING CONFIRMS PERMITTED USE AND READY FOR INSPECTION _____ DATE _____

BUILDING INSPECTION FEE PAID _____ PAYMENT METHOD: _____ DATE _____

BACKGROUND CHECK DATE _____ BUILDING INSPECTION DATE _____ FIRE INSPECTION DATE _____

Note: Background checks provide consumer protection against fraud, et.al.

INSPECTIONS COMPLETE: _____ SIGNATURE: _____ DATE: _____

GBL - _____ AMOUNT PAID: _____ PAYMENT METHOD: _____

FINANCE REVIEWED BY: _____ SIGNATURE: _____ DATE _____