



Office Use Only

File# _____
Application Date _____
License# _____

CITY OF GARY

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

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.