



CITY OF GARY
APPLICATION FOR PEDDLER'S LICENSE

LICENSING FEES: \$200.00 (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 _____

BUSINESS INFORMATION

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

NAME OF BUSINESS/ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

BUSINESS HOURS _____ IS THIS BUSINESS NON-PROFIT?

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 _____



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EMPLOYEE NAME _____ AGE _____

EMPLOYEE NAME _____ AGE _____

EMPLOYEE NAME _____ AGE _____

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 _____

COMMENTS _____



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BY BADGE NUMBER: _____

SIGNATURE OF POLICE CHIEF: _____ DATE: _____

APPLICANT'S FINGERPRINTS



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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 _____

PHONE NUMBER _____ FAX NUMBER _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

TYPE OF STRUCTURE PROPOSED _____

LIST ALL FOOD ITEMS SOLD _____

VEHICLE MAKE _____ MODEL _____ YEAR _____

LICENSE PLATE NUMBER _____ VEHICLE ID _____

TO BE COMPLETED BY HEALTH DEPARTMENT ONLY



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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 _____

EMAIL ADDRESS _____

BUSINESS NAME _____

BUSINESS LOCATION _____

PROPERTY OWNER'S SIGNATURE _____

Please read and initial indicating that you agree to adhere to each City Ordinance.

APPLICANT'S INITIALS:

____ THE APPLICANT SHALL NOT HAVE EXCLUSIVE RIGHTS TO ANY LOCATION.



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___ THE APPLICANT SHALL NOT BE PERMITTED TO PEDDLE IN B2 AND B3 AREAS.

___ THE APPLICANT SHALL NOT IMPEDE THE MOVEMENT OF PEDESTRIANS OR
VEHICLES IN
ORDER TO CONDUCT A SALE.

___ THE APPLICANT SHALL NOT SOLICITE GOODS WITHIN 300 FEET OF ANY SCHOOL
OR
PLACE OF INSTRUCTION.

=====

===== **TO BE COMPLETED BY ZONING DEPARTMENT ONLY** =====

APPROVED _____ NOT APPROVED _____ DATE _____

COMMENTS: _____

SIGNATURE OF ZONING ADMINITRATOR _____

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.

Date _____ Applicant's Signature _____

State of Indiana, County of Lake) ss:



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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: May 1, 2018