



JEROME A. PRINCE  
Mayor  
CITY OF GARY

DEPARTMENT OF ZONING  
401 BROADWAY, SUITE 307  
GARY, INDIANA 46402  
<https://gary.gov/zoning/>

ERIC BORIA  
Zoning Administrator  
(219) 881-1332  
[zoning@gary.gov](mailto:zoning@gary.gov)

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## APPLICATION FOR TRANSIENT MERCHANT 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 \_\_\_\_\_

EMAIL \_\_\_\_\_

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

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 \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ AGE \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ AGE \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ AGE \_\_\_\_\_

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

\_\_\_\_\_  
BY BADGE NUMBER: \_\_\_\_\_

SIGNATURE OF POLICE CHIEF: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANT'S FINGERPRINTS**

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**

\_\_\_\_\_

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 \_\_\_\_\_ CITY OF GARY

**ZONING PERMIT**

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

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

EMAIL \_\_\_\_\_

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 OPERATE ON STATE OR FEDERAL HIGHWAYS  
UNLESS OFF-STREET PARKING EXIST

\_\_\_\_\_ THE APPLICANT SHALL NOT LOCATE WITHIN TWENTY (20) FEET OF ANY  
ADJACENT CURB, ROAD, OR SIDEWALK.

\_\_\_\_\_ NO TWO BUSINESSES OPERATED BY TRANSIENT MECHANTS MAY BE OPERATED  
WITHIN 1,500 FEET OF EACH OTHER.

\_\_\_\_\_

**TO BE COMPLETED BY ZONING DEPARTMENT ONLY**

\_\_\_\_\_

APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF ZONING ADMINISTRATOR \_\_\_\_\_ CITY OF GARY

**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. 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 \_\_\_\_\_