

EDDIE D. MELTON
Mayor



FLORZELL HAWKINS Jr
Building Commissioner

City of Gary
DEPARTMENT OF COMMERCE
BUILDING DIVISION
401 Broadway – Room 104
Gary, IN 46402
(219) 881 – 1377
Fax: (219) 881 - 1425

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 Text 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): <https://lakecountyin.gov/departments/recorder>
7. Approval for a General Business License (Application provided in packet) (Zoning Department, Room 104/219-881-1332)
8. Photo I.D. (Front Only)

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) - \$150.00
2. General Business License Fee (New) - \$150.00

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

Renewal Fees:

Contractor's License - \$100.00 (per license)

General Business License - \$100.00

Late Fee: \$50.00 AFTER JANUARY 31ST

Licensing Procedure Check List Revised
July 1, 2026

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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 (Person)	
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: QUALIFYING EXAM REQUIRED

☐	CARPENTRY	☐	ELECTRICAL	☐	GENERAL II	☐	ROOFING I
☐	DEMOLITION	☐	FIRE SPRINKLER	☐	MECHANICAL I	☐	ROOFING II
☐	DRYWALL	☐	GENERAL I	☐	MECHANICAL II	☐	SEWER

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

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

2. Provide a description of work and services the applicant will provide (applicable for all license type).

3. Check box for your type of business structure

☐	Individual/Sole Proprietor	☐	Partnership	☐	Corporation	☐	Limited Liability
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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
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13. Are you currently under indictment or charged by information for the offense of any of the above charges?

☐	YES	☐	NO
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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
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17. Are you familiar with the required permits, inspections and approvals necessary in the City of Gary, Indiana?

☐	YES	☐	NO
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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 application is true and complete, and I authorize the City of Gary, Indiana Building Department to make inquiries 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

Exam Date: _____

Results: _____

Examiner: _____

State of Indiana)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF ENDORSEMENT OF APPLICANT FOR CONTRACTOR'S LICENSE

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.

Print Name of Affiant

Signature of Affiant

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

NOTARY PUBLIC

Approved: _____

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

AFFIDAVIT OF ENDORSEMENT OF APPLICANT FOR CONTRACTOR'S LICENSE

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.

Print Name of Affiant

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

Accommodations-Hotel/Motel/B&B	Beauty/Health/Wellness	Food or Beverage Production	Pharmacy	Social Assistance
Adult/Sexually Oriented Business	Construction or Contractors	Information Systems Design or Support	Printing or Publishing Services	Storage
Animal Care/Supplies	Child or Elder Care/Daycare	Landscaping Services	Professional/Business Support Services	Truck Services
Architecture, Engineering, or Design Services	Education or School	Laundry or Cleaning Services	Real Estate Services	Wholesale Processing or Distribution
Art, Photography, or Framing	Entertainment	Legal or Financial Services	Religious or Charitable Institution	Waste Management or Recycling
Automotive Sales	Farm, Orchard, or Nursery	Manufacturing or R&D	Rental/Repair of Equipment/Supplies	Other (Please specify):
Automotive Service, Gas Station, Car Wash	Financial Institution	Medical/Dental Care	Retail – General	
Bar or Restaurant	Fitness/Recreation	Office – General	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 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 \$150. No fees are charged for nonprofit organizations with valid 501 (c) (3) paperwork.

Late fee schedule (if applicable)

GENERAL BUSINESS LICENSE

New	\$150.00
Annual Renewal (January 1-31)	\$100.00
Late fee for delinquent license (after January 31 st)	\$50.00 (1-365 Days)
Late fee for delinquent license	\$115.00 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, it.al.

INSPECTIONS COMPLETE: _____

SIGNATURE: _____

DATE: _____

GBL - _____

AMOUNT PAID: _____

PAYMENT METHOD: _____

FINANCE REVIEWED BY: _____

SIGNATURE: _____

DATE: _____

Revised January 2021