



**GARY BUSINESS ENTERPRISE CERTIFICATION**

*SERVING*



**THE GARY SANITARY/STORM WATER MANAGEMENT DISTRICTS, CITY OF GARY  
AND GARY CHICAGO AIRPORT**

Authorized name of firm			
Street address of firm (P.O. Box Number alone is not acceptable)			
Mailing address of firm	City	State	Zip
Name of contact person		Telephone	
Facsimile		E-mail	
President/CEO Name		Contact number	
Is the President /CEO the Owner of the Company? ___ yes ___ no If no, please complete the following			
Owners Name	Address	Telephone	
In accordance with GSD's Contracting Policy, Resolution #2113, a Business can be certified as a Gary Business Enterprise if it meets either of the following criteria. Please check the box in the middle column that represents the status your firm qualifies.			
<b>If your Business Structure is a .....</b>	<b>You can be certified as a GBE if ....</b>	<b>The following documents are required and shall be submitted with your completed application</b>	
Sole Proprietorship	<input type="checkbox"/> Owner or majority of Partners, shareholders, or Joint-Venture are Gary Residents	For Owner, you must include with your application, copies of your Assumed Name Certificate, W-2 forms, recent utility bills, passport, alien registration card, and/or other State-approved identification	
Partnership	<input type="checkbox"/> Principal place of business is located in Gary	To verify that your principal place of business is located in Gary, you must provide copies of your lease agreement, receipt of most recent rent payment, articles of incorporation and most recent utility bills	
Corporation		To verify that 51% of your employees are Gary residents, you must provide on company letterhead a complete list all permanent (full and part time) employees and include the information: Full name, Gender, Ethnicity, Address, City, State, Zip, Position, Years with Company, and Social Security Number	
Joint Venture	<input type="checkbox"/> 51% of Employees are Gary Residents	To verify that 51% of your employees are Gary residents, you must provide on company letterhead a complete list all permanent (full and part time) employees and include the information: Full name, Gender, Ethnicity, Address, City, State, Zip, Position, Years with Company, and Social Security Number	
Limited Liability Corporation – Limited Liability Partnership		To verify that 51% of your employees are Gary residents, you must provide on company letterhead a complete list all permanent (full and part time) employees and include the information: Full name, Gender, Ethnicity, Address, City, State, Zip, Position, Years with Company, and Social Security Number	

**Organizational Structure**

Please check the appropriate box for your firm:

Corporation                       Partnership/Joint-Venture                       Sole Proprietorship  
 Limited Liability Corporation – Limited Liability                       Partnership                       Other

Ethnicity of Owner

African American                       Hispanic American                       Native American                       Asian American                       Caucasian

Gender of Owner

Female                       Male

Percentage of Ownership

Minority Owned                       Woman Owned

1. Federal Tax ID No. \_\_\_\_\_ 1a. Is this a home-office business? \_\_\_\_\_
2. How many months/years has this business been located in Gary? \_\_\_\_\_
3. How many years under current ownership? \_\_\_\_\_ Management years \_\_\_\_\_ Location years \_\_\_\_\_
- 3a. If less than three (3) years, please provide the previous address of the main office

Principal office address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Date business established \_\_\_\_\_ Total years in business \_\_\_\_\_
5. Are other business locations under the same company name? \_\_\_\_\_ If so, how many? \_\_\_\_\_  
 \*please provide letterhead of at least (2) other business locations. If there are other locations in the state In, provide those first
- 5a. are there other businesses under the same ownership? \_\_\_\_\_ If so, please complete the following:

Name of firm	Address	City	State	Zip

6. Do you share office space, building or warehouse facilities with anyone? \_\_\_\_\_
- 6a. With what company or individual do you share the facilities with?

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- 6b. What business services does the individual/firm provide?

- 6c. Do you have any vested interest in the firm? \_\_\_\_\_ If yes, please describe the relationship.

7. Did your firm operate under any other name? \_\_\_\_\_ If yes, please complete the following:

Previous Name of firm	Address if different	Owner's Name	Presidents Name

**Business Services**

1. Please check your primary business type
- Professional Services (legal, consulting)       Construction (general or sub)       Service Provider
- Manufacturer       Retailer       Supplier/Distributor

2. Do you have a valid City of Gary Business License? \_\_\_\_\_ If yes, please attach a copy of the license  
*Note: your application for certification is incomplete and cannot be processed without a Gary Business License. Call the Finance Department at 219-881-1300.*
3. Do you have other licenses or permits required by the City of Gary or State of Indiana to operate your business? \_\_\_\_\_ If yes, please provide copies and list them individually below:  
*Note: please contact the City of Gary's Finance, Building and Zoning Departments for required licenses and permits at 219-881-1300*

Qualifying person	Type of License	Authorizing Person	License/Permit No.	Limitations

4. To what trade associations do you belong?

Name of Organization ( <i>Spelled Out</i> )	Positions Held	Length of Membership	Active y or n

5. Are you signatory to any trade unions? \_\_\_\_\_ If yes, list below and provide copies of signatory pages

Name of union	Address	Local No.	Positions Held/Term	Name of Officer

6. Are you certified as a Section 3 business? \_\_\_\_\_ If yes, submit a copy of your Letter of Certification

7. Do you hold any other certifications (MBE, DBE)? \_\_\_\_\_ If yes, please list below and submit copies

Name of Certification	Certifying Agency	Expiration Date	Years Certified

8. Please list the business services that you provide and enter the North American Industry Classification System Codes that represent your category of services. For a full list of NAICS (formally SIC-Standard Industry Classification Code), please visit [www.naics.com](http://www.naics.com) or contact 219-944-0595 ext. 1826 for a copy. Be specific and include only those services that your company and/or employees are qualified or certified to provide. The codes will be used to make referrals and for tracking purposes. Submit company brochure, marketing literature, and/or profile sheets. Attach additional sheets if necessary.

Business service provided	Persons/Dept. Responsible	NAICS Code

9. Provide in no more than two (2) sentences a description of your company. Used for publication purposes

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10. Do you have access to the Internet? \_\_\_\_\_  
 11. How do you learn of upcoming business opportunities?

Trade Websites	Trade Memberships	Newspapers	Trade Journals

Referrals \_\_\_\_\_ Trade Fairs \_\_\_\_\_ Other \_\_\_\_\_

12. Have you ever provided labor, services or supplies on a federally-funded project? \_\_\_\_\_ If yes, list below

Name of Project	Services Provided	Contract Amount	Owners Name	Year

13. Did you pass the audit? \_\_\_\_\_ If not, please explain below

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**Work Experience-Gary**

1. Have you ever worked for the Gary Sanitary District? \_\_\_\_\_ If yes, please list below

<b>Name of Project</b>	<b>Scope of Work</b>	<b>Project Amount</b>	<b>Contract Amount</b>	<b>Start date</b>	<b>Date of completion</b>

2. Have you ever worked for the City of Gary or any of its departments? \_\_\_\_\_ If yes, please list below

<b>Name of Project</b>	<b>Scope of Work</b>	<b>Project Amount</b>	<b>Contract Amount</b>	<b>Start date</b>	<b>Date of completion</b>

3. Have you ever worked for the Gary/Chicago Airport? \_\_\_\_\_ If yes, please list below

<b>Name of Project</b>	<b>Scope of Work</b>	<b>Project Amount</b>	<b>Contract Amount</b>	<b>Start date</b>	<b>Date of completion</b>



**CORPORATIONS ONLY**

1. List all shareholders with 10% or more of stock

Name	% of Ownership	Ethnicity	Address	City	State	Zip	Telephone

2. List all Executive Officers

<b>President</b>	
<b>Vice-President</b>	
<b>Treasurer</b>	
<b>Secretary</b>	

**CONSTRUCTION FIRMS ONLY**

1. Describe below how your firm recruits and hires field personnel

\_\_\_\_\_

2. Are you bonded? \_\_\_\_ If yes, complete below and provide proof of bonding limits

\_\_\_\_\_

Name of Bonding Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person/Phone \_\_\_\_\_ Bonding limit/Specialties \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person/Phone \_\_\_\_\_ Type of Insurance/Limit \_\_\_\_\_

3. What is the average amount of your contracts? \_\_\_\_\_

4. Do you generally perform as a

	General Contractor
	Subcontractor
	Supplier

5. Which trades do you utilize?

	<b>Asbestos Workers</b>		<b>Asbestos Abatement</b>		<b>Boilermaker</b>		<b>Sm. Boilermaker Repair</b>
	<b>Bricklayer</b>		<b>Stone Mason</b>		<b>Tile Setter</b>		<b>Terrazzo Mechanic</b>
	<b>Marble Setter</b>		<b>Caulker/Pointer</b>		<b>Tile Finisher</b>		<b>Carpenter</b>
	<b>Cement Mason</b>		<b>Electrician</b>		<b>Elevator Construction</b>		<b>Glazier</b>
	<b>Ironworker</b>		<b>Sheeter</b>		<b>Fence Erector</b>		<b>Laborer</b>
	<b>Utility Wage</b>		<b>Millwright</b>		<b>Operating Engineer</b>		<b>Painter</b>
	<b>Pile driver</b>		<b>Pipefitter</b>		<b>Plasterer</b>		<b>Plumber</b>
	<b>Road Bridge/Airport</b>		<b>Roofer</b>		<b>Sheet Metal Worker</b>		<b>Sound/Communication</b>
	<b>Sprinkler Fitter</b>		<b>Teamster</b>		<b>Technical Engineer</b>		<b>Layout Man</b>
	<b>Instrument</b>		<b>Rodman</b>				

**PROFESSIONAL SERVICE FIRMS ONLY**

1. How many Gary residents currently work for your firm? \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time
2. List below three (3) Gary businesses that you have done business with in the past three (3) years

Name of Gary Business	Address	Contact Person	Phone	Scope of Work



**AFFIDAVIT OF CERTIFICATION**

I hereby certify upon penalty of perjury that I am the \_\_\_\_\_ of \_\_\_\_\_, and am duly authorized by the company to execute this application for GBE Certification on its behalf. I further affirm that to the best of my knowledge all information contained herein is factual and verifiable. I understand that any information provided is subject to confirmation and as an officer of the company, I agree to assist any designated staff of the Gary Sanitary District, City of Gary, or Gary/Regional Airport in providing additional information as requested or required.

I agree to contact the City of Gary’s Business Compliance Officer and/or the Gary Sanitary District’s Compliance Officer for a list of Certified Gary Businesses to be utilized when soliciting quotes for business opportunities.

Applicant agrees to notify the City of Gary’s Business Compliance Officer and/or the Gary Sanitary District’s Compliance Officer of any changes of any information contained herein.

Applicant agree that is possesses a full understanding of the City of Gary Ordinance No. 6972 and the Gary Sanitary District Resolution No. 2113 and further agrees to comply with its requirements.

Applicant understands that any misrepresentation of information provided either in this document or during any confirmation process will result in immediate: 1) Denial of Certification 2) De-certification 3) Termination of Contract 4) Withholding of Payments 5) Designation as a “Non-Responsive/Non-Responsible” Vendor with the controlling agency.

Applicant agrees to cooperate during any audit processes conducted by the City of Gary or Gary Sanitary District or any of their designated representatives should an audit of compliance be necessary or requested.

The undersigned swears of affirms that the foregoing statements are true and correct and include all material information necessary identify and explain the operations of \_\_\_\_\_

(Name of company)

as well as the ownership thereof. Any misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal and state laws concerning false statements.

Signature of owner, officer or partner	Date signed (month, day, year)
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**NOTARY CERTIFICATE**

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_ } ss:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary Public	Printed or typed name of Notary Public
County of residence	Date commission expires