



Gary Sanitary District/ Gary Storm Water Management District

PROCUREMENT NOTIFICATION REGISTRATION FORM

Note: By submitting this information, you agree to receive emails, text messages and/or phone calls about potential procurement opportunities with the Gary Sanitary District, the Gary Storm Water Management District and the City of Gary and any of its respective departments or project partners.

Instructions: Please PRINT or TYPE your information below and attach a business card. This completed form may be emailed to compliance@garysan.com. For questions, please contact us at compliance@garysan.com or rachel@garysan.com. Thank you

COMPANY INFORMATION

Date Completed: _____

Company Name: _____

Owner First Name: _____ Owner Last Name: _____ Gary Resident: ___ Yes ___ No

Is the company owner, the President and /or CEO? ___ Yes ___ No If no, name President/CEO: _____

President/CEO Email: _____ Phone: _____

Company Principal/Headquarters' Address: _____

___ Same as above City: _____ State: _____ Zip: _____

Company Phone #: _____ Company Fax #: _____

Company Website: _____

Type of Company: ___ Professional Services ___ Construction ___ Supplier ___ Manufacturer ___ Distributor ___ Broker

If Construction, are you bonded? ___ Yes ___ No Are you a union contractor? ___ Yes ___ No

Type of Ownership: ___ Sole Proprietor ___ Partnership ___ Corporation ___ LLC ___ LLP

Industry Experience: ___ Industrial ___ Commercial ___ Residential ___ Public Works ___ Utilities ___ Environmental/Green

Are you certified as a diverse company? (Check all that apply) ___ GBE ___ MBE ___ WBE ___ DBE ___ SBE ___ VBE ___ ACDBE

Does your Company possess a current City of Gary Business License? ___ Yes ___ No If yes, please attach.

Does your company possess a current City of Gary Contractor's License? ___ Yes ___ No If yes, please attach.

Number of Employees: _____ Full-Time _____ Part-Time

OUTREACH CONTACT

Please provide information for the individual to whom notices of potential bids, proposals and quotes should be sent.

Contact First Name: _____ Contact Last Name: _____

Contact Email: _____

Contact Direct Phone: _____ Contact Mobile: _____

IMPORTANT: Please note that before performing any work in Gary, you will need a City of Gary Business License and/or a City of Gary Contractor's License. Please visit the City of Gary's website at www.gary.gov to get information about obtaining the appropriate license. If you are unsure what license is required, check with the department(s) you are seeking to do business with. All contractor's licenses are issued through the City of Gary's Building Department, 219-881-1377. The application for a business license can be found online or in the office of the City of Gary's Zoning Department, 219-881-1332. City Hall is located at 401 Broadway, Gary, IN 46402.