

CITY OF JACINTO CITY
APPLICATION FOR BUSINESS LICENSE

Date: _____

New Application

Renewal

Amount Paid: \$100.00

Receipt No: _____

Name of Business: _____

Nature of Business: _____

Address: _____

Telephone: _____ 24 Hour Emergency Contact: _____

State Sales Tax No. _____

Does this business hold any license(s) or permit(s) issued by the Texas Alcoholic Beverage Commission?

Yes

No

If "Yes" attach a list of all license(s) and/or permit(s) and produce them for inspection

BUSINESS OWNERSHIP

Type of Business: Sole Proprietorship Partnership Corporation Other

Applicant: _____

Address: _____

Telephone: _____ Social Security No.: _____

If the business is anything other than a sole proprietorship, list below the names and residence addresses of all persons other than the applicant with an ownership interest in the business (partners, shareholders, etc).

Name	Residence Address

Applicant Signature