

**CITY OF JACINTO CITY
APPLICATION FOR BUSINESS LICENSE**

THIS LICENSE APPLICATION EXPIRES 90 DAYS FROM DATE SUBMITTED

Date: _____ New Application Renewal

Amount paid: _____

Name of Business: _____

Nature of Business: _____

Address: _____

Telephone: _____ **24 Hour Emergency Contact:** _____

State Sales Tax No. _____ **E-Mail:** _____

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 the applicant with an ownership interest in the business (partners, shareholders, etc).

Name	Residence Address

Applicant Signature