



# APPLICATION FOR AUTOMOTIVE DEALERSHIP REGISTRATION

## Car Dealership Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Description: Lot/Tract: \_\_\_\_\_ Block: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Zoning: \_\_\_\_\_

## Owner's Information

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: Business: \_\_\_\_\_ Home: \_\_\_\_\_

Type of Business: \_\_\_\_\_

*I am aware of the zoning requirements of this property and agree to abide to all conditions of use permitted by Business Registration Ordinance No. 254A of the City of Socorro, Texas*

**ALL DEALERSHIP REGISTRATIONS EXPIRE ON JULY 31**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Planning Department Approval

\_\_\_\_\_  
Date

**FEE IS NON-REFUNDABLE**