



ENTREPRENEUR & SMALL BUSINESS REGULATORY ASSISTANCE FORM

For information about program eligibility please visit: <http://ci.socorro.tx.us/economic/>

FOR INTERNAL USE	Application Received Date:
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Business Information

Business Name:			
Business Address:		Socorro, TX	Zip:
Mailing Address (if different):			
Email:	City:	State:	Zip:

Business Owner's Information

Business Owner's Name:				
Business Owner's Address:		City:	State:	Zip:
Owner's Mailing Address (if different):				
Email:	City:	State:	Zip:	
Phone Number:				

Applicant Type

Check only one:	Number of Full-time Employees	Number of Part-time Employees
Entrepreneur		
Small Business		

Entrepreneur Business – A start-up business that is intending to open a new business within the city limits of Socorro. The entrepreneur business cannot have more than 5 employees upon start-up.

Small Business – A small business under this policy is a business that has less than 20 employees and is based within the city limits of Socorro.

Industry Type

Which eligible industry type does your business fall under?

Check only one:

	11 Agriculture – farmed products for wholesale and retail within the city limits of Socorro
	23 Construction – Contractors that register their business in Socorro
	31-33 Manufacturers – any manufactured good or product

	42 Wholesale Trade
	44-45 Retail Trade – Any retail business that is within the city limits of Socorro, except for those that are not eligible as mentioned under Businesses Not Eligible section of the program guidelines
	48-49 Transportation & Warehousing
	51 Information Technology
	52 Finance & Insurance
	54 Professional, Scientific & Technical Services
	71 Arts, Entertainment & Recreation
	72 Accommodation & Food Services
	81 Other Services

Assistance Request

<p>I am requesting a <u>waiver</u> for a:</p> <p>Business Registration</p> <p>Amount: \$ _____</p> <p>Vendor Registration</p> <p>Amount: \$ _____</p> <p>Building permit for commercial use</p> <p>Amount: \$ _____</p>	<p>I am requesting a <u>reimbursement</u> for:</p> <p>State Agency Permit or Fee*</p> <p>Describe: _____</p> <p>Amount: \$ _____</p> <p>County Fee</p> <p>Describe: _____</p> <p>Amount: \$ _____</p> <p><small>*Only expenses incurred between Jan 1 through Dec 31, 2022 are eligible for reimbursement</small></p>
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Certification and Signature

I certify that I am the owner or an authorized representative of _____ (business name) and that the information provided in this form is valid, true, and correct to the best of my knowledge.

Applicant's Printed Name	Applicant's Signature	Date
Staff Approval Printed Name	Staff Approval Signature	Date
P&Z Staff Received Signature	Date	