



APPLICATION FOR BUSINESS REGISTRATION

Permit No: _____

Business Information

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Legal Description: Lot/Tract: _____ Block: _____

Subdivision: _____ Zoning: _____

Type of Business: _____

NAICS Code: (6-digit number) _____ **Total Number of Employees:** _____

Full-Time Employees: _____ **Part-Time Employees:** _____

Owner's Information

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: Business: _____ Home: _____

Email Address: _____

I am aware of the zoning requirements of this property and agree to abide to all conditions of use permitted by Zoning Ordinance No. 76 and business registration Ordinance No. 34 of the City of Socorro, Texas. I understand that future business registration notifications may be performed solely through online services.

ALL BUSINESS REGISTRATIONS EXPIRE ON MARCH 15

Applicant's Signature

Date

Planning Department Approval

Date

FEE IS NON-REFUNDABLE