



APPLICATION FOR BUSINESS REGISTRATION

Business Information

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

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: _____ Cell: _____

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

ALL FEES ARE NON-REFUNDABLE

860 N. Rio Vista, Socorro, Texas 79927 (915) 872-8531 Fax (915) 872-8673 03/23 PZ Form