



**BUSINESS/VENDOR PERMIT APPLICATION**

Sales Tax Permit or Exemption No. \_\_\_\_\_ State Comptrollers 956-687-9227

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

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

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Name of Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner/Manager Address: \_\_\_\_\_

**PLEASE CHECK TYPE OF BUSINESS APPLYING FOR:**

<u>Small Business</u>	<u>Foods</u>	<u>Automotive</u>	<u>Recreational</u>
Apparel ( )	Convenient ( )	Mechanic ( )	Clubs ( )
Print ( )	Bakery/ Tortilleria ( )	Body/Paint ( )	Carnival ( )
Florist ( )	Produce/Agricultural ( )	Tire ( )	Bar/Lounge ( )
Beauty/Barber ( )	Restaurant ( )	Glass ( )	Valentine ( )
Specialty ( )	Raspa Stand ( )	Gasoline Station ( )	Other ( )
Rental ( )	Frozen Food ( )	Auto Parts Store ( )	
Flea Market ( )	Processor ( )	Car Wash ( )	
Other ( )	Concession ( )	Tube/Lube ( )	
	Other ( )	Other ( )	

Other: \_\_\_\_\_

(MANUFACTURER)

Type: \_\_\_\_\_ Brief description of Business \_\_\_\_\_

Estimated number of Employees \_\_\_\_\_ Building required: SQ. FEET \_\_\_\_\_

Constructed of \_\_\_\_\_ Type of Equipment to be used \_\_\_\_\_

Restrictions: \_\_\_\_\_

**FEE: \$25.00 w/ Food \$125.00 - Flea Market Vendor: \$20.00 w/ food \$120**

I understand and agree to comply with all Health Ordinances and other city and state Laws that may govern my particular business. I understand that any violation of the above said restrictions could mean immediate revocation of the permit to operate. **\*\*Flea Market Vendors need to renew their permit on or before December 31\*\***

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By \_\_\_\_\_  
Chief Building Official Date