



CHINA GROVE, TEXAS

2412 FM 1516 S
CHINA GROVE, TX 78263

PH 210-648-4923
FAX 210-648-6713

NEW BUSINESS REGISTRATION APPLICATION AGENDA REQUEST – DATE _____

Please complete the following information and return the original form to the address listed above or email to cg.permits@att.net. Please provide an email address where requested on this form for future correspondence.

BUSINESS CORPORATE NAME: _____

DBA NAME: _____

BUSINESS PHYSICAL ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

EMAIL ADDRESS: _____

LOCAL BUSINESS PHONE #: _____ NO. OF EMPLOYEES: _____

DAYS & HOURS OF OPERATION _____

PROPOSED ACTIVITY/USE (Be Specific): _____

FOOD AND/OR BEVERAGE ESTABLISHMENT (check box): YES NO

Sales and Use Tax ID certificate #: _____

(If your business collects State sales tax, please ensure that China Grove is designated as the “local sales tax authority” with the State Comptroller’s Office. Physical address on the permit must reflect China Grove, TX.)

List all Federal or State licensing as applicable _____

BUSINESS OWNER NAME: _____ PHONE #: _____

MANAGER NAME: _____ PHONE #: _____

REGISTERED AGENT NAME: _____ PHONE #: _____

EMERGENCY CONTACT NAME: _____ PHONE #: _____

PROPERTY OWNER NAME: _____ PHONE #: _____

I swear or affirm that all information in this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document on behalf of the corporation or as the owner of a sole proprietorship.

SIGNATURE

DATE

PRINTED NAME

TITLE

For Office Use Only:

Date Application Received: _____ Fee Pd.: _____ Issue Date: _____ Expiration Date: _____