

Business License _____



803 E Main St., Gatesville, TX 76528 254-865-8951

BUSINESS LICENSE APPLICATION

Please check the box below to indicate the type of application you are requesting:

- | | |
|--|--|
| <input type="checkbox"/> Food Truck | <input type="checkbox"/> Short-Term Rental |
| <input type="checkbox"/> TABC | <input type="checkbox"/> Livestock |
| <input type="checkbox"/> Mobile Home Park | <input type="checkbox"/> Alarm Monitoring |
| <input type="checkbox"/> Recreational Vehicle Park | <input type="checkbox"/> Solicitor |
| <input type="checkbox"/> Coin-Operated Machines | |

Contact Information

Applicant (or Primary Contact)

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Owner (if different from Applicant)

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Business Information

Business Name: _____

Business Address: _____

Tax ID (if applicable) _____

State License (if applicable) _____

Attesting to inaccurate or false information on this application can result in conviction of a misdemeanor and a fine not to exceed \$2,000.00.

Signature:

I CERTIFY THAT I AM THE LEGAL OWNER OF THE ABOVE REFERENCED PROPERTY, OR THE AUTHORIZED AGENT, AND THAT TO THE BEST OF MY KNOWLEDGE THIS IS A TRUE DESCRIPTION OF THE PROPERTY UPON WHICH I HAVE REQUESTED THE ABOVE CHECKED ITEM. I UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION GIVEN.

Signature: _____

Date: _____

Business License _____

Business License Checklist:

Food Truck (*change of location is required to be updated*)

- Comptroller Filing for the City of Gatesville
- Sales Tax ID
- Food Handlers License
- Driver's License

TABC

- State License
- Driver's License

MHP/RVP

- How many lots?

Coin-Operated Machines

- How many machines?
- List of machines with serial numbers.
- Driver's License

Short-Term Rental

- Hotel Occupancy Tax Certificate – City of Gatesville

Livestock

- How many animals?
- List of animals.
- Site plan for animal pens.

Alarm Monitoring

- How many devices?
- Alarm Certificate and Alarm contact information.

Solicitor

- Driver's License
- Agrees to a background check. _____ (*initials per individual*)
- List of individuals.
- Vehicle Information and Insurance
 - Make/Model, Color, Year, License No., State

OFFICE USE ONLY

DATE RECEIVED AND BY WHOM: _____

DATE APPLICATION FEE PAID: _____

DATE APPROVED AND BY DEPARTMENT: _____

LICENSE EXPIRES: _____

Business License _____