



## CITY OF ELSA, TEXAS

### BUSINESS LICENSE APPLICATION

Return Completed Form to:

Planning Department

City of Elsa

102 S. DIANA ST. ELSA, TX 78543

Phone: 956-272-2418 Email: [TMEDINA@CITYOFELSA.NET](mailto:TMEDINA@CITYOFELSA.NET) & [KVALDEZ@CITYOFELSA.NET](mailto:KVALDEZ@CITYOFELSA.NET)

### SECTION 1: BUSINESS INFORMATION

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

Doing Business as (DBA): \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Website (if applicable): \_\_\_\_\_

### SECTION 2: OWNER / APPLICANT INFORMATION

Owner's Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### SECTION 3: BUSINESS OPERATIONS

Type of Business (check all that apply):

Retail

Office / Professional Services

Contractor / Construction



- Car Wash – Fixed Location
- Car Wash – Mobile Operation
- Motor Vehicle Dealer or Rental
- Insurance / Financial Services
- Entertainment or Recreation
- Real Estate Services
- Solid Waste / Hauling / Recycling
- Temporary / Seasonal Business
- Other: \_\_\_\_\_

Total Square Footage of Business Premises (if applicable): \_\_\_\_\_ sq. ft.

Final business license fee will be calculated by the Planning Department based on classification and, if applicable, total square footage as required by City Ordinance.

Is this business regulated by a state-issued license (e.g., Health Permit or Daycare License)?

- Yes (attach copy)
- No

Is this a home-based business?  Yes  No

#### **SECTION 4: CERTIFICATION**

I certify that the information provided is true and correct. I understand that submitting this application does not authorize operation of the business. Operation is allowed only after all applicable fees are paid, an annual inspection is passed, and a business license is issued.

I acknowledge that this business is subject to:

- Annual license renewal and payment of applicable fees
- Annual inspection by City personnel for code, safety, and permit compliance

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



#### **SECTION 5: FOR PLANNING DEPARTMENT USE ONLY**

Business Category Code: \_\_\_\_\_

Base Fee (flat or sq. ft. based): \$ \_\_\_\_\_

Additional Assessments (e.g., outdoor display): \$ \_\_\_\_\_

Total License Fee Due: \$ \_\_\_\_\_

Health Permit or State License Verified (if exempt)

Property Use Verified

Site Inspection Required

Fire Department Clearance Required (if applicable)

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_