



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 & 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: _____