

**CITY OF BLOOMING GROVE**  
**200 SOUTH FORDYCE STREET, P.O. BOX 237**  
**BLOOMING GROVE, TX 76626**  
**903-695-2711 903-695-2482 (FAX)**

**BUSINESS REGISTRATION APPLICATION**

(ANNUAL FEE - \$25.00 INITIALLY WITH \$10.00 THEREAFTER)

NAME OF BUSINESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_  
(Retail Clothing, Medical, Real Estate, etc.)

FORM OF BUSINESS: \_\_\_\_\_  
(Individual, Partnership, Corporation, etc.)

STATE OF INCORPORATION OR FILING OF ARTICLES OF ASSOCIATION OR PARTNERSHIP:  
\_\_\_\_\_

DATE BUSINESS COMMENCED IN BLOOMING GROVE: \_\_\_\_\_

OWNER/PRESIDENT OF COMPANY: \_\_\_\_\_

ADDRESS (NO P.O. BOX): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MANAGER: \_\_\_\_\_

ADDRESS (NO P.O. BOX): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

TEXAS SALES TAX IDENTIFICATION NUMBER: \_\_\_\_\_

NORMAL BUSINESS HOURS: \_\_\_\_\_

In case of fire or other emergency, list name or names of person, address, and telephone number to be contacted after business hours, on weekends and holidays:

\_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY:** PERMIT NO. \_\_\_\_\_ EXPIRES \_\_\_\_\_