



**City of Harker Heights**  
Planning & Development  
305 Millers Crossing  
Harker Heights, TX 76548  
Phone: (254) 953-5600  
Email:  
[planning@harkerheights.gov](mailto:planning@harkerheights.gov)

# BUSINESS REGISTRATION FORM

APPLICATION MUST BE FULLY COMPLETED OR WILL NOT BE ACCEPTED

1. Copy of DBA (Doing-Business-As), LLC or Articles of Incorporation.
2. Fire Marshal Walk-Through - Call (254) 699-2688 to schedule.
3. Building Walk-Through - Call Building Department @ (254) 953-5600 to schedule.
4. Bell County Food Permit - Call (254) 771-2106.
5. Payments: **Home Based & Property Management - \$25.00**  
*Payments accepted only when Certificate is complete and ready to be picked up.* **Mobile Business - \$35.00**  
**Commercial - \$75.00**

DATE: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_ PHONE # OF BUSINESS: \_\_\_\_\_

LOCATION OF BUSINESS: \_\_\_\_\_

MAILING ADDRESS (if different than location): \_\_\_\_\_

TYPE OF BUSINESS (detail description): \_\_\_\_\_

Texas Sales Tax ID #: \_\_\_\_\_ E-Mail (Primary Contact): \_\_\_\_\_

**Business Owner:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Driver License #: \_\_\_\_\_

**Manager:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Driver License #: \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Security Lighting on Premise? ☐ YES ☐ NO ☐ N/A

Alarm System? ☐ YES ☐ NO ☐ N/A If YES: ☐ Silent ☐ Audible ☐ Fire ☐ Intruder

Subscribe to Security Service? ☐ YES ☐ NO ☐ N/A

Security Service Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Building Owner (if different from bus. owner) \_\_\_\_\_

Phone #: \_\_\_\_\_

# BUSINESS REGISTRATION FORM

**VEHICLE INFORMATION: PLEASE LIST INFORMATION ON OWNER AND EMPLOYEE(S) AS WELL AS VEHICLES THAT MAY BE ON THE BUSINESS PREMISE AT ODD HOURS.**

DRIVER	VEHICLE (MAKE, MODEL, AND YEAR)	LICENSE PLATE #

Hazardous Material on Premise? ☐ YES ☐ NO ☐ N/A

If YES, list items (attach separate sheet if needed): \_\_\_\_\_

Square footage of suite/building: \_\_\_\_\_

Does Building Have Exterior Electrical Shut Off? ☐ YES ☐ NO If YES, on which side? ☐ North ☐ South ☐ East ☐ West

Is the building equipped with automatic Fire Sprinklers? ☐ YES ☐ NO

Are street address numbers installed on building? ☐ YES ☐ NO If YES, are they visible from the street? ☐ YES ☐ NO

Will this business require: ☐ Commercial Dumpster ☐ Commercial Hand Pick-Up

Date Business Opens Under New Owner: \_\_\_\_\_ No. of Employees: \_\_\_\_\_ Business Hours: \_\_\_\_\_

Type of Business (select one or provide "other" description) General  
Partnership, Limited Partnership, Corporation, Association, Individual:

**WARNING:** A person commits an offense, with intent to deceive and with knowledge of the statement's meaning, he/she makes a false statement under oath or swears to the truth of a false statement previously made and the statement is required or authorized by law to be made under oath.

Before me, the undersigned authority, this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing Business Registration Form, who being by me first duly sworn, upon oath says that he/she has read the said form in its entirety, together with any supporting documentations, that he/she has personal knowledge of all the information set forth therein, and that such information is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Notary Public, State of Texas

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_,  
DAY OF \_\_\_\_\_, 20\_\_\_\_.

## STAFF ONLY -- DO NOT FILL OUT

Date Submitted: \_\_\_\_\_ Received By: \_\_\_\_\_ Receipt #: \_\_\_\_\_