



BUSINESS REGISTRATION FORM

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

APPLICATION MUST BE FULLY COMPLETED OR WILL NOT BE ACCEPTED

- 1. Copy of DBA (Doing-Business-As), LLC or Articles of Incorporation** *(must be signed by owner or authorized designee per LLC or DBA paperwork).*
- 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:** *Refer to current fee schedule; payments accepted only when Certificate is complete and ready to be picked up*
- 6. Proof of building/land ownership or lease agreement must also be submitted.**

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 #: _____

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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 #: _____