



BUSINESS LICENSE APPLICATION

**Type or print legibly. Incomplete applications will not be processed.
Attach the \$250.00 initial application fee. (\$25.00 yearly renewal fee)**

1. Legal Name of Business _____
 2. Address of Business (Number, Street, City, County, State and Zip)

 3. Address of Establishment (Number, Street, City, County, State and Zip)

 4. Telephone Number of Business _____
 5. List all personnel who exercise operational and/or managerial control over the operations of the business, or if they directly or indirectly control the day-to-day operations of the business.

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>DATE of BIRTH</u>	<u>% OWNED</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
 6. Describe the type of available or proposed facilities and services: _____

 7. Attach a photocopy of the valid sales tax permit issued to the business, if applicable.
 8. Attach a floor plan of the proposed business that includes a sketch of the following items:
 - Entrance and exits
 - Length and width of establishment (in feet)
 - Total square feet
 - Location of restroom(s)
 9. Has any owner or operator been convicted of a felony or misdemeanor?
 YES NO
- Has any owner or operator ever entered a plea of nolo contendere, entered a plea of guilty, or received deferred adjudication for a felony or misdemeanor?
 YES NO

If you answered yes to either of the above, provide the following information and documents for all felony and/or misdemeanor offenses (not minor traffic violations.) Include any convictions which are currently on appeal. Attach additional information/documentation if appropriate.

Indicate offense(s) committed _____
Date(s) of conviction(s) _____
City, County, and State where offense(s) committed _____
List other names you have used (e.g. married, maiden, etc.) _____
Are/were you on probation/parole? YES NO If YES, discharge date _____

Submit copies of charging documents (referred to as indictment or information) and judgment or other documents showing disposition of the case(s). If still on parole/probation, submit letter from parole or probation officer indicating compliance with all parole or probationary conditions.

NOTE: Failure to report convictions may result in denial of the application or revocation of the license.

10. Check the Type of Ownership and complete the appropriate section.

Individual Partnership Corporation
Indicate your Federal I.D. Number _____ (Issued by Internal Revenue Service)

INDIVIDUAL:

Name of owning individual _____
Address of owner(number, street, city, county, state and zip) _____
Telephone No. Home _____ Business _____
Cell _____

PARTNERSHIP:

Name of owning partnership _____
Registered address of partnership/place of business _____
Telephone No. of partnership/place of business _____
List of names of all partners and percentage of ownership
NAME **% Owned**

CORPORATE OWNERSHIP:

Name of owning corporation _____

Registered address of corporation _____

Telephone number of corporation _____

List all officers, directors and registered agents of the corporation. (Use additional sheet, if necessary, and identify as Attachment A). List each shareholder owning stock aggregating at least 35% of the total issued and outstanding shares. Subsidiary corporations should list the parent corporation as stockholders.

NAME	TITLE	ADDRESS	% OWNED

AFFIDAVIT:

This form shall be executed and submitted by **EACH** of the following:

- X In the case of an individual, that individual
- X In the case of ownership by a partnership, each partner
- X In the case of ownership by a profit corporation, each shareholder of the corporation owning at least 35% of the total issued and outstanding shares, each director, and each officer
- X In the case of ownership by a non-profit corporation, each director or officer of the corporation must complete this form
- X Disclosure of a social security number by an applicant is mandatory under the Family Code, Section 231.302 and the Health Insurance Portability and Accountability Act of 1996, Section 221. Social Security numbers are confidential and will be used for identification and reporting purposes required by law.

You may reproduce this form as many times as needed.

(Business Name)

(Business Address)

Name _____
(Last) (First) (Middle) (Maiden)

(Social Security Number) Sex: ___ Male ___ Female

Date of Birth _____
(mm/dd/yy)

Position or Title _____

Business Address (number, street, city, county, state and zip)

Home Address (number, street, city, county, state and zip)

Work Phone No. : _____

Home Phone No.: _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____, WHERE WITNESSED. THE INDIVIDUALS NAMED BELOW, BEING DULY SWORN, DEPOSE AND SAY THAT THE INFORMATION IN THE APPLICATION, ACCOMPANYING ESTABLISHMENT INFORMATION, SUPPLEMENTS, ADDENDA, EXHIBITS, AND MATERIALS ARE TURN AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. FURTHER, THE BUSINESS WILL BE OPERATED IN COMPLIANCE WITH THIS APPLICATION AND ALL LEGAL REQUIREMENTS, ANY DEFICIENCIES WILL BE IMMEDIATELY CORRECTED AND CHANGES IN THE OPERATION WILL NOT BE MADE UNTIL WRITTEN APPROVAL FROM THE CITY OF PRINCETON, TEXAS IS RECEIVED, AS REQUIRED BY THE RULES.

Signature of each individual owner, each partner if a partnership, or each director if a corporation. Use additional pages, if necessary, for signatures.

(Signature)

(Typed Name and Title)

(Signature)

(Typed Name and Title)

(Signature)

(Typed Name and Title)

(Signature) (Typed Name and Title)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____
DAY OF _____, 20__.

MY COMMISSION EXPIRES _____

FOR CITY USE ONLY

Date Application Sent to:
Police Chief _____

Background Check(s) Performed by Police Department:

Comments from Police:

Signed (Authorized Dept. Rep) _____

Permit: Approved _____ Denied _____
Date _____

Authorized City Representative: _____

Applicant Notified Via _____

Date _____ Initials _____