



ANNUAL BUSINESS REGISTRATION APPLICATION

Please complete the following information and make changes as necessary. Return original form to Windcrest City Hall, Business Registration, 8601 Midcrown, Windcrest, TX 78239-2598. Your Registration Certificate will be mailed to you after processing has been completed. The Business Registration Certificate must be posted at you local business, per Windcrest City Ordinance, Chapter 15

Business Name: _____

Business Address: _____

Type of Business: _____

Local Business Phone: _____ Business Fax #: _____

Hours of Operation: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Does your business require any Federal or State licensing, to include State Sales & Use Tax ID permit?
____Yes* ____No

*If yes, copies of the applicable unexpired licenses **must be provided** before the business registration process can be completed.

2. Name of Property Owner, Address, Phone, E-mail:

3. Name of Business Owner, Address, Phone, E-mail:

4. Please provide at least two other contacts that have keys to the property and will respond if called.

Emergency Contact #1 Name: _____ Title: _____
Phone: _____ Cell: _____ E-mail: _____

Emergency Contact #2 Name: _____ Title : _____
Phone: _____ Cell: _____ E-mail: _____

Signature of Owner or Manager

Failure to complete this application may delay the issuance of your business registration. If you have any questions concerning this registration, please contact 655-0022 ext. 2200. Thank you.

For Office Use Only: Registration Number: _____ Issue Date: _____ Expiration Date: _____