

105 South 4th Avenue  
Teague, Texas 75860  
PHONE (254) 739-2547  
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<b>FOR INTERNAL USE ONLY</b>
FEES (AMOUNT/DATE)
LICENSE NUMBER

### APPLICATION FOR BUSINESS PERMIT

The City of Teague welcomes you to its business community and thanks you for your cooperation in fully completing this application, which provides us with necessary information regarding business activity in Teague.

Please Complete in Full

Legal Name of Business: \_\_\_\_\_

Doing Business As (If different): : \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

Primary Contact & Title: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Describe in detail the nature of your business or service: \_\_\_\_\_

\_\_\_\_\_

List any compliance certificates your business is subject to including federal, state or other local agency registration and/or licensing requirements: \_\_\_\_\_

\_\_\_\_\_

List any municipalities where your business is licensed other than Teague:

\_\_\_\_\_

State Sales Tax Number: \_\_\_\_\_

I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I further certify that it is my responsibility to obtain, read, and understand the City of Teague Licensing Code. I have been advised that a copy of this code may be obtained by contacting City Hall or on the City's web site at [www.cityofteaguetx.com](http://www.cityofteaguetx.com). I understand that the local code enforcement officer will issue citations for violations of this code and my business license could be subject to revocation.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**