

**CITY OF SPRING VALLEY VILLAGE
BUSINESS REGISTRATION FORM**

Name of Business: _____
(Print or type name)

Business Location Street Address: _____

Telephone Number: _____ Number of Employees: _____

Type of Business: _____
(Such as grocery store, real estate company, retail clothing, etc.)

Form of Business: _____
(Individual, partnership, corporation, etc.)

State and County of Incorporation or filing
of Articles of Association or Partnership: _____

Owner/President: _____
(Print or type name)

Complete Address, Street, Suite, City and State

Telephone Number: _____

Operating Manager: _____
(Print or type name)

(Complete Address, Street, Suite, City and State)

Telephone Number: _____

Agent for Service
in State of Texas: _____
(Print or type name)

Address of Agent
for Service: _____

State Use and Sales Tax Number: _____

Federal Tax Identification Number: _____

Normal Business Hours: _____

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Business Registration Form

In case of fire or other emergency, state name or names of person, address and telephone number to be contacted after business hours, on weekends, holidays, or any other time that the business is closed:

Date Business Commenced: _____

Date Application Submitted: _____

Applicant (signature)

Title

Address

Telephone Number

Please mail this information to:

City of Spring Valley Village
City Secretary
1025 Campbell Road
Houston, Texas 77055-7495