

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

Name of Business: \_\_\_\_\_  
(Print or type name)

Business Location Street Address: \_\_\_\_\_  
(Include any suite, apartment or room number)

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Complete address, street, suite, city and state)

State Use and Sales Tax Number: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Normal Business Hours: \_\_\_\_\_  
(Weekdays, weekends, holidays, etc.)

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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:

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Date Business Commenced: \_\_\_\_\_

Date Application is Submitted: \_\_\_\_\_

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Applicant (signature)

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Title

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Address

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Telephone Number

Please mail this information to:

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