



City of Sullivan City

BUSINESS PERMIT APPLICATION

Applicant Information

Applicant Name: _____ Phone: _____

Alternate Phone: _____ Email: _____

Address: _____

Business Information

Business Name: _____ Business Type: _____

Business Address: _____

Subdivision Name: _____ Lot #: _____ Blk.#: _____

Property Owner: _____ Phone: _____

Description Type of Business: _____

Requirements:

1. Lease Agreement

2. Valid Photo Identification

3. Sales Tax Permit-State Comp # (956) 687-9227

4. AGUA SUD Provider Contract

Notice:

- *Business is not to start until Permit is acquired*
- *Any changes of Owner will need a New Application*
- *All Business Permit Applications will be subject to final approval by City Council at the next City Council Meeting*

Applicant Signature: _____ Date: _____

Office Use Only

Next Meeting Date: _____

Approved: () YES () NO

Permit Type: () Regular () Conditional () Temporary

Permit Fee Amount: \$ _____

Received By: _____