

Building Department 400 S. Ohio Ave, Mercedes, TX 78570

## **BUSINESS LICENSE APPLICATION**

Tel. (956) 565-3114 ext. 128-129-130

Email: planningdept@cityofmercedes.com

Date: \_

Property Information (PLEASE PRINT C	CLEARLY):				
Applicant:	DL#:	Phone #:			
Mailing Address:	City:	St: Zip: _			
Email Address:					
Name of Proposed Business:					
Proposed Business Address:					
Proposed Use of Property:					
Sales Tax Permit Tax I.D. #:	Сору	of Sales Tax Certificate	e: □Yes □ No		
Will an advertising sign be installed	ed? 🗇 Yes 🗇 No Sign Size: Is the	property vacant?   YE	S □ NO		
Does the Building have power?	<mark>] YES □ NO</mark> Total Sq. Ft. of Building	g: Area of space to	be occupied Sq. Ff		
ESID# 100327894		MVEC Account #			
Property Owner Information (PLEASE Pl	RINT CLEARLY):				
Mailing Address:	City:	St:	Zip:		
Email Address:	Property Ow	ner Signature:			
I understand that a certificate of occup business/service and that electric pow- until all requirements have been comp I understand that I am a requ with various City, State and Federal la I understand that the propose compliance, I may be required to retain appropriate permits from the City are r I understand that the City will additional information	esting a re-occupancy for an existing stru	to the commencement of operation occurs without "Coucture within the city limits of oposed use is different from itractors to upgrade and /or in pection within 48 hours; how	CO". A "CO" will not be issued f Mercedes and that compliance in the previous use) may require install the applicable items. The stallations.  Wever, I may be asked to submin		
that I have read and know the same to checklist is incorrect, the permit or	on be true and correct. If any of the information approval may be revoked. I also undersonnection of electricity or a certificate of connection.	<b>nation provided on this ap</b> stand that the submittal of a	pplication or the submittal		
Applicant's Signature: FOR OFFICE USE ONLY:		Date:			
	Sales Tax ID 🗖 Y	es □ No Food Handle	rs Cert. □ Yes □ No		
Bernie Mata, Health/Code Inspector :	Ruben Gutierrez, Fire Marshal	 Javier Ramirez, P	lanning Director		
☐ APPROVED ☐ DENIED	☐ APPROVED ☐ DENIED	☐ APPROVE	ED 🗆 DENIED		

Date: \_

Date:

## **BUSINESS LICENSE APPLICATION**

## **BUILDING LAY-OUT**

**NOTE**: This square indicates your property lines

A lay out plan detailing the inside of Building with Dimensions of rooms;
parking spaces & cross streets MUST BE drawn in the box

OPERTY OWNER IS RE	SPONSIBLE FOR L	OCATION OF ALL	EYS AND EASE	MENTS ON SITE PI
		<b>\</b>		
				REAR
<b></b>				•
EDONT	<b>†</b>			
FRONT				

## **EXAMPLE OF BUILDING LAY-OUT**

