

**1. BUSINESS INFORMATION:**

DATE OF SUBMITTAL: \_\_\_\_\_

ADDRESS WHERE BUSINESS IS TO BE CONDUCTED: \_\_\_\_\_

PHONE NUMBERS (ALL) WHERE BUSINESS IS TO BE CONDUCTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HCAD PARCEL NO(s) 13-digit Tax ID(s): \_\_\_\_\_

PROPERTY LEGAL DESCRIPTION: \_\_\_\_\_

NEW BUILDING       EXISTING BUILDING      BUSINESS NAME: \_\_\_\_\_

STYLE/ TYPE OF MESSAGE: \_\_\_\_\_

PROPOSED USE OF BUILDING: \_\_\_\_\_

**2. BUILDING OWNER INFORMATION:**

BUILDING OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MAILING ADDRESS OF BUILDING OWNER: \_\_\_\_\_

**3. BUSINESS OWNER CONTACT INFORMATION:**

BUSINESS OWNERSHIP:  INDIVIDUAL     PARTNERSHIP     CORPORATION

OWNER'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE 1: \_\_\_\_\_ PHONE 2: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**NOTES TO APPLICANT:**

*NOT A VALID PERMIT UNTIL BUSINESS OWNER IS NOTIFIED OF APPROVAL AND ALL APPLICABLE FEES ARE PAID IN FULL.  
PERMIT FEE \$75.00 (NON-REFUNDABLE)*

I HEREBY CONSENT TO UNRESTRICTED ACCESS/ INSPECTION DURING BUSINESS HOURS BY CITY PERSONNEL.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I HEREBY SWEAR, UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE & CORRECT.

ATHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NAME OF EMPLOYEE:** \_\_\_\_\_ **BUSINESS NAME:** \_\_\_\_\_

\*Planning Department is responsible for document collection. All paperwork will be verified by Police Department.

**4. APPLICATION CHECKLIST & SUPPORTING DOCUMENTATION (MUST COMPLETE FOR EVERY EMPLOYEE):**

COMPLETE ITEMS 1 THRU 3 OF APPLICATION

ALL STATEMENTS SIGNED & DATED

COPY OF ALL MASSAGE THERAPIST'S LICENSE, MASSAGE THERAPY ESTABLISHMENT LICENSE, AND NAMES AND RESIDENCE ADDRESSES FOR MANAGER OR OTHER PERSONS PRINCIPALLY IN CHARGE OF OPERATION OF THE BUSINESS, AND FOR ALL MASSEURS AND EMPLOYEES IN THE BUSINESS.

PERSONAL INFORMATION CONCERNING THE APPLICANT, IF AN INDIVIDUAL; AND CONCERNING EACH STOCKHOLDER HOLDING MORE THAN 10% OF THE STOCK OF THE CORPORATION, AND EACH OFFICER AND DIRECTOR, IF APPLICANT IS A CORPORATION, AND CONCERNING THE PARTNERS, INCLUDING LIMITED PARTNERS, IF THE APPLICANT IS A PARTNERSHIP; AND THE HOLDER OF ANY LIEN, OF ANY NATURE, UPON THE BUSINESS AND/OR THE EQUIPMENT USED THEREIN; AND CONCERNING THE MANAGER OR OTHER PERSON PRINCIPALLY IN CHARGE OF THE OPERATION OF THE BUSINESS.  NOT APPLICABLE

COPY OF VALID TEXAS ISSUED I.D. & (2) FRONT FACING 2"X 2" PHOTOGRAPHS

WRITTEN 10 YEAR HISTORY OF BUSINESS OWNER INCLUDING ANY AND ALL LICENSES, DENIED PERMITS, REVOKED & SUSPENDED LICENSES, ETC.

COPY OF ALL CRIMINAL ARRESTS, FULLY DISCLOSEING THE JURISDICTION IN WHICH ARRESTED OR  NOT APPLICABLE.

COMPLETE SET OF FINGER PRINTS (LA PORTE POLICE DEPARTMENT; 3001 N. 23<sup>RD</sup> ST.; LA PORTE TX 77571)

LIST NAME, ADDRESS, PHONE # OF 3 HARRIS COUNTY RESIDENTS 18 OR OLDER TO SERVE AS CHARACTER REFERENCES.  
(NO RELATIVES OR BUSINESS ASSOCIATES)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

FURNISH COPY OF TEXAS SALES & USE TAX CERTIFICATE

**City of La Porte Office use only:**

COMPLETE APPLICATION & DOCUMENTS RECEIVED BY: \_\_\_\_\_

CURRENT ZONING PERMIT FOR THIS ESTABLISHMENT: PERMIT # \_\_\_\_\_

**La Porte Police Department to verify all documents to be true and correct.**

APPROVED  DENIED BY: CHIEF OF POLICE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED  DENIED BY: BUILDING OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED  DENIED BY PLANNING DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**POLICE DEPARTMENT LICENSE NO.** \_\_\_\_\_

**PLANNING DEPARTMENT BUSINESS LICENSE NO.** \_\_\_\_\_