



City of Rice

Business License Permit Application

Remittance Address:
P.O. Box 97 305 N. Dallas Street
Rice, Texas 75155
(903) 326-7500
Email: bfunes@ricetx.gov

Please complete this form in its entirety as it applies to your business activity in the City of Rice. If you need any assistance completing this application, please contact the Administration Department at (903) 326-7500.

Form of Ownership (Circle One): Sole Prop Corp LLC Partnership Prof Assoc Other _____

Date Business Activity Initiated/Proposed: _____ Number of Employees: _____

Legal Business Name: _____ FEIN/Social Security # _____

Trade Name/DBA: _____ Is this a Home-Based Business? Yes No

Business Type: (Check all that apply)

Retail Wholesale Bldg. Contractor Service Professional Manufacturer Rental Other _____

Describe the business you are conducting. _____

State License Type: _____ State License # _____

Mailing Address: _____
(Street / PO Box) (City) (State) (Zip)

Physical Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ Email: _____
(Business) (Home) (Cell)

Name/Phone # of Emergency Contact: _____ () _____ Title: _____

List Names of Owner(s), Partner(s) or Officer(s) (Attach Separate Sheets if Necessary)

<u>Name</u>	<u>Residence Address</u>	<u>Title</u>

I certify under the penalty of perjury that the information provided on this Business License Form is accurate and correct to the best of my knowledge and belief.

Authorized Signature: _____ Print Name: _____

Title: _____ Phone #: _____ FEIN: _____

FOR USE BY CITY STAFF ONLY

DATE RECEIVED: _____ RECEIVED BY: _____ RECEIPT NO: _____
ZONING DISTRICT: _____
____ APPROVED ____ DENIED REASON: _____

SIGNED: _____ DATE: _____