

**EIGHT LINER
BUSINESS LICENSE**

Permit Holder Application

First, one of our staff members will hand you a "Business License Application" and discuss with you what is required to open your business and assist you in obtaining all necessary information. The following steps are followed:

Step 1: Complete application received from the city staff and return to the Building Inspection Department.

Step 2: The application annual permit is \$50,000.00 and is payable to the City of Lyford at the time the business license is issued to you. Should you wish to relocate to another site, the City will allow six (6) months for relocation or new construction.

Step 3: When inquiring on a business location assure all property taxes (City, School, County) are paid before application is approved. Property owner must produce a tax certificate from each taxing entity.

If you have any questions throughout the process, please feel free to call any staff member at (956) 347-3512.

Permit Holder:

Business Partner:

All partners will be identified on this application.

Signature

Signature

Business Partner

Business Partner:

Signature

Signature

Revised: 12/08/2022

PERMIT HOLDER
BUSINESS LICENSE APPLICATION
FOR COIN OPERATED MACHINES
ORDINANCE NO. 09-08-24

Business Name: _____

Describe Nature of Business in Operation _____

Address of Business _____

Legal Description: Lot _____, **Block** _____, **Subdivision** _____

Business Registered in _____ **County** _____ **State** _____

Permit Holder:

Name _____

Address _____

Telephone _____ **Mobile** _____ **Fax #** _____

Driver's License and Social Security Number _____

I hereby acknowledge that per this application, there will be a criminal background check.

Permit Holder Signature _____ **Date** _____

Business Partner _____ **Date** _____

All partners need to be identified in this application.

Business License Fee: \$50,000.00

No fee will be accepted until application is approved.

Occupational Tax Per Machine: \$20.00

Occupational Tax-Other Coin Machine: \$15.00

Revised: 12/8/2022

PERMIT HOLDER

TO BE COMPLETED BY THE PLANNING AND BUILDING DEPARTMENT

Business Owner (3) ID's Yes___ No___ Date_____

1)_____ 2)_____ 3)_____

Background Check Yes___ No___ Date_____

Certified Security Officer Yes___ No___ Date_____

Proper Lighting in front of Bldg Yes___ No___ Date_____

Adequate Parking Yes___ No___ Date_____

Planning Department Approval Yes___ No___ Date_____

Zoning Appropriate? Yes___ No___ Date_____

Is Conditional Use Permit required? Yes___ No___ Date_____

Building Inspection Dept. Approval Yes___ No___ Date_____

Have Parking requirements met? Yes___ No___ Date_____

Fire Department Approval Yes___ No___ Date_____

CHECKLIST

1ST INSPECTION: FIRE CODE _____ **Date:** _____

2ND INSPECTION: BUILDING CODE _____ **Date:** _____

3RD INSPECTION: MACHINES _____ **Date:** _____

4TH INSPECTION: STATE/CITY SEALS _____ **Date:** _____
