

**EIGHT LINER  
BUSINESS LICENSE**

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**Permit Holder Application**

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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 \$25,000.00 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: 12/27/2021**

**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.**

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**Business License Fee: \$25,000.00**

**No fee will be accepted until application is approved.**

**Occupational Tax Per Machine: \$20.00**

**Occupational Tax-Other Coin Machine: \$15.00**

**Revised: 3/9/2020**

**PERMIT HOLDER**

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**TO BE COMPLETED BY THE PLANNING AND BUILDING DEPARTMENT**

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**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\_\_\_\_\_

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**CHECKLIST**

**1<sup>ST</sup> INSPECTION:      FIRE CODE**                      \_\_\_\_\_                      **Date:** \_\_\_\_\_

**2<sup>ND</sup> INSPECTION:      BUILDING CODE**                      \_\_\_\_\_                      **Date:** \_\_\_\_\_

**3<sup>RD</sup> INSPECTION:      MACHINES**                      \_\_\_\_\_                      **Date:** \_\_\_\_\_

**4<sup>TH</sup> INSPECTION:      STATE/CITY SEALS**                      \_\_\_\_\_                      **Date:** \_\_\_\_\_

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