City of League City
500 W. Walker St.
League City, TX 77573
281-554-1429
Building@leaguecitytx.gov

APPLICATION FOR BUSINESS REGISTRATION

Proposed Business Name: _____

Street Address: _____

Gross floor sqft of business space: _____

Please provide a detailed description of the services performed/goods sold/processes conducted on the property as part of your business: _____

_____

_____

Applicant's Name: _____
E-mail: _____
Phone: (_____) _____Driver's License - State and #: _____

Business Owner's Name (if different): _____
E-mail: _____
Phone: (_____) _____Driver's License - State and #: _____

Type of Business Registration Permit applied for (check as applicable):

□ New Tenant □ Expanding Lease Space □ Existing Business, New Owner □ Same Business Owner, New Name

1. If relocating to or expanding within an existing building, what was the prior use of the space to be occupied (if known)?_____

2. Are you enlarging an existing tenant space by combining suites or portions of suites? If so please list lease spaces being combined: _____

3. Are you remodeling, renovating, or otherwise changing the space? If so please describe:

_____

4. Will portions of the building or tenant space be used for storage? If yes please describe:

Will hazardous materials be stored? _____

What materials will be stored? _____

What sqft of the space will be used for storage? _____

How high will materials be stacked? _____

5. Will any goods, merchandise, or raw materials be stored or displayed outdoors? _____ I***f yes, please attach plan indicating the location and size of storage area and the type and amount of materials to be stored.***

6. Will there be any spray painting on the premises?_____

7. Will combustible dust be generated (ex. Sawdust, fine metal shavings, grain processing, ect)? _____

8. Is the building equipped with a fire sprinkler system or a standpipe system? _____

9. Is a fire alarm installed?_____

10. Will food or beverages be manufactured, packaged, stored, distributed, sold, or prepared (excluding vending machines)? _____***If yes, you must contact Galveston County Health District prior to submitting this application.***

11. Will alcoholic beverages be sold for consumption on the premises? _____ ***If yes, you must contact Texas Alcoholic Beverage Commission prior to submitting this application.***

12. Will sexually-oriented business or adult entertainment be conducted or be present on the premises?_____

13. Will a septic tank, grease interceptor, lint separator, oil/water separator, sample well, dental amalgam separator, or other be used on the premises? Will any liquid wastes or sludges be generator which are not disposed of in the sewer system? If so please describe:

_____

14. Is the electricity currently on in this space? _____

15. List any regulatory license requirements required for any operations, business activities, or equipment/material to be used, stored, sold, or handled on the property. ***If applicable, attach appropriate licenses or approvals to your application.***

_____

_____

By signing below I certify that I have been authorized by the property owner to submit this application for a Business Registration.

I certify that I have read the provisions of the Code of Ordinances for the City of League City, or codes relating to these provisions, and any referenced statute, regulation, or ordinance that might relate to any activities on the property for which the Business Registrations Permit is being sought

I authorize the City of League City, acting through its employees, agents, and representatives, to enter upon the subject premises and into any structures thereon, for the purposes of inspecting and evaluating compliance with any permit issued as a result of this application.

I certify that the information contained in this application is true and correct to the best of my knowledge and that I am an authorized agent of the business entity making the application.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____