



# APPLICATION FOR A CERTIFICATE OF OCCUPANCY & BUSINESS LICENSE

Town of Lakeside  
9830 Confederate Park Rd.  
Lakeside, TX 76108  
PH 817-237-1234 ext. 301 Email:  
permits@lakesidetexas.us

## PART 1. CERTIFICATE OF OCCUPANCY & BUSINESS LOCATION:

ADDRESS:	SUITE NUMBER:
BUSINESS PHONE NUMBER:	

## PART 2. BUSINESS OWNER INFORMATION

Business Name:		
Business Owner:	Phone Number:	
Business Owner DL#:	State Issued:	DOB:
Mail Address:		Fax:
City:	State & Zip Code:	Email:

## PART 3. BUSINESS OWNER BACKGROUND

Are you Legally authorized to work in the United States?  Yes  No

Have you ever been convicted of a felony?  Yes  No  
If YES, please list felony conviction(s), city, state and date of conviction(s):

\_\_\_\_\_

\_\_\_\_\_

## PART 4. PROPERTY OWNER/MANAGEMENT INFO

Property Owner/Manager Name:		
Contact Name:	Preferred Method of Contact:	
Phone No.:	Fax No:	Email:

## PART 5. LOCAL BUSINESS MANAGER INFORMATION

Manager Name:		
Mail Address:	City, State & Zip:	
Phone No.:	Fax No:	Email:

## PART 6. CHOOSE ONE OF THE FOLLOWING:

- New Building       Addition       Name of Business Change       Change of Tenant  
 Change of Use       New Tenant Finish Out (TFO)       Change Owner of Business

## PART 7. ALARM SYSTEM INFORMATION

Alarm Type:  Entry     Fire     Robbery     None

Lakeside Alarm Permit #: \_\_\_\_\_

\*All alarm systems are to be registered with the city with a yearly permitting fee.

Alarm Company Name:	Alarm Company Phone #
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## PART 8. DESCRIBE BUSINESS IN DETAIL:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Square Footage_____	Number of Employees:	6-Digit NAICS Reference Code:
Is your business new to Lakeside?	If yes, where is your business moving from:	

**Do you receive mail at the above address:**  YES  NO  
**If NO,** please list the address below where we may send correspondence to you:

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**PART 9. IF YOUR OCCUPANCY OR BUSINESS DOES NOT INVOLVE THE STORAGE, SALE OR USE OF THE FOLLOWING CHECK NO SIGN AND DATE.**

YES  NO **If Yes, complete the section below by marking items stored**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Alcoholic Beverages               | <input type="checkbox"/> Food Products                  | <input type="checkbox"/> Vehicle Repair or Garage                              |
| <input type="checkbox"/> Outside Storage / Display         | <input type="checkbox"/> Vehicles in Building           | <input type="checkbox"/> Food and / or Beverage Processing, Storage or Sales   |
| <input type="checkbox"/> Explosives or Ammunitions         | <input type="checkbox"/> Recycling Waste                | <input type="checkbox"/> Flammable or Combustible Liquids (10 Gallons or More) |
| <input type="checkbox"/> Magnesium                         | <input type="checkbox"/> Dust Producing Process         | <input type="checkbox"/> Poisonous or Hazardous Chemicals and / or Acids       |
| <input type="checkbox"/> Welding and Cutting               | <input type="checkbox"/> Fireworks                      | <input type="checkbox"/> Liquid Propane Gas                                    |
| <input type="checkbox"/> Storage Over 12ft. High           | <input type="checkbox"/> Woodworking                    | <input type="checkbox"/> X-Ray Development                                     |
| <input type="checkbox"/> Dry Cleaning (Flammable Solvents) | <input type="checkbox"/> Other Hazards (Specify)* _____ |  |

\*Provide Chemical Data Sheets to the Building Inspection Department Listing the Maximum Quantity of all Hazardous Materials

**PART 10. TEXAS SALES AND USE TAX PERMIT:**

**If you are collecting sales tax from your customers, you must submit the "Texas Sales and Use Tax Permit" for your Lakeside business with this application. The Texas Comptroller Field Office for Taxpayer Services is located at 4040 Fossil Creek Blvd., Ste. 100, Fort Worth, TX 76137 and can be reached at (817) 847-6201. This is where you can get your Texas Sales & Use Tax Permit.**

**PART 11. MUST ATTACH IF APPLICABLE:**

- \* TEXAS ALCOHOLIC BEVERAGE COMMISSION LICENSE
- \* TEXAS DEPARTMENT OF STATE HEALTH SERVICES LICENSE
- \* TEXAS SALES AND USE TAX PERMIT
- \* TEXAS FOOD HANDLERS LICENSE

Signature of Applicant:	Date:
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**OFFICE USE ONLY**

Date Received:	Floor Plan Attached? Y or N	Received by: _____
On-Site Sign: Y or N	Zoning District:	
Reviewed by: _____	Approved: _____	Date: _____
Application Fee \$_____	Paid by _____	
TABC# _____	Sales & Use Tax Permit #: _____	
Food Handlers License # _____	Dept. of State Health Services License #: _____	

**APPLICATION FEES:**

Change of Occupant/New Tenant	\$125
Change of Business Owner/Name	\$50
New Building, Addition, or Tenant Finish Out	\$50