



CITY OF BALCONES HEIGHTS

3300 Hillcrest
Balcones Heights, Texas 78201

ANNUAL BUSINESS REGISTRATION

Please complete the following as accurately as possible. This information is needed in order to maintain current data about your business and emergency contact information. In the event of an emergency, it is critical to city operations that a person of responsibility for your business can be contacted.

Business Name: _____

Business Address: _____

Business Phone: _____ Alternate Phone Number: _____

Normal hours of operation: _____ a.m to _____ p.m. _____ 24 hour operation

Federal Tax ID #: _____

Section 1 - Owner Information

Owner Phone Numbers:

Owner Name: _____

Day: _____

Owner Address: _____

Night: _____

Owner City: _____

Cell: _____

Zip Code: _____

Pager: _____

Email/Digital pager address: _____

Section 2 - Corporate Ownership Information:

Name: _____

Address: _____

City, State and Zip Code: _____

Corporation Phone: _____ Emergency Contact Phone: _____

Emergency Contact: _____

Section 3 - Manager or Other Emergency Contact Person Information:

Name: _____

Address: _____

City and Zip Code: _____

Phone (day): _____ Night Phone: _____

Cell Phone: _____ Pager: _____

Email address: _____

Signature

Date

Make check or money order payable to the City of Balcones Heights and return to : City of Balcones Heights,
3300 Hillcrest, Balcones Heights, Texas 78201

For Official Use Only

Registration & License Fee:	\$75.00	Date Received: _____	Received by: _____
Business Lic# _____		Check/MO # _____	Cash Receipt _____

