200 WEST SECOND STREET / FREEPORT, TEXAS 77541 / PHONE (979) 233-3526 / FAX (979) 233-2172

NEW BUSINESS APPLICATION

Owner of Property:

Name _____

Address _____

City, State, Zip _____

Phone # _____

Owner of Business:

Name _____

Address _____

City, State, Zip _____

Phone # _____

New Business Information:

Name of Business _____

Address _____

Type of Business _____

Type of Services to be offered: _____

_____

Does this building currently have:

Electric	☐ Yes	☐ No
Gas	☐ Yes	☐ No
Water	☐ Yes	☐ No

I understand that if the purpose of this business should change, I will notify the City to verify the new business purpose meets building zone ordinances.

_____
Owner of Business Signature

For official use only

Zone_____

Does it meet Zone requirements? ☐ Yes ☐ No

Approved ☐ Yes ☐No

_____
Building Official Signature