

**CITY OF AMARILLO
APPLICATION OF ANNUAL REGISTRATION**



CREDIT ACCESS BUSINESS

SECTION I. REGISTRANT/APPLICANT BUSINESS INFORMATION

BUSINESS NAME: _____

D/B/A IF DIFFERENT FROM OFFICIAL NAME: _____

BUSINESS STREET ADDRESS: _____ ZONING: _____

LEGAL DESCRIPTION: LOT: _____ BLOCK: _____ ADDITION: _____

MAILING ADDRESS FOR BUSINESS: _____

PRIMARY CONTACT NAME: _____

FAX NUMBER: _____ TELEPHONE NUMBER: _____

EMAIL: _____

FEDERAL TAX ID NUMBER: _____

BUSINESS MANAGER NAME: _____ CELL PHONE: _____

STREET ADDRESS: _____

FAX NUMBER: _____ EMAIL: _____

IS THIS BUSINESS OPERATING AS:

- CORPORATION
- LIMITED LIABILITY COMPANIES- LLC
- PARTNERSHIPS
 - a) GENERAL PARTNERSHIP – LP
 - b) LIMITED PARTNERSHIP –LLP
 - c) LIMITED LIABILITY LIMITED PARTNERSHIP – LLP
- MULTIPLE ENTITIES

SECTION II. REGISTRANT BUSINESS OWNER(S): Includes all owners of the credit access business and other persons with financial interest in the credit access business and the nature and extent of each person's interest in the credit access business (use more sheets as needed)

A) BUSINESS OWNER INFORMATION

BUSINESS OWNER NAME: _____ TELEPHONE: _____

TITLE: _____ NATURE & EXTENT OF INTEREST: _____

STREET ADDRESS: _____ MAILING ADDRESS: _____

FAX NUMBER: _____ EMAIL: _____

B) BUSINESS OWNER INFORMATION

BUSINESS OWNER NAME: _____ TELEPHONE: _____
TITLE: _____ NATURE & EXTENT OF INTEREST: _____
STREET ADDRESS: _____ MAILING ADDRESS: _____
FAX NUMBER: _____ EMAIL: _____

C) BUSINESS OWNER INFORMATION

BUSINESS OWNER NAME: _____ TELEPHONE: _____
TITLE: _____ NATURE & EXTENT OF INTEREST: _____
STREET ADDRESS: _____ MAILING ADDRESS: _____
FAX NUMBER: _____ EMAIL: _____

D) BUSINESS OWNER INFORMATION

BUSINESS OWNER NAME: _____ TELEPHONE: _____
TITLE: _____ NATURE & EXTENT OF INTEREST: _____
STREET ADDRESS: _____ MAILING ADDRESS: _____
FAX NUMBER: _____ EMAIL: _____

SECTION III. REGISTRANT/APPLICANT

APPLICANT:

I HEREBY CERTIFY AS THE OWNER OR OWNERS' AUTHORIZED AGENT TO MAKE THIS APPLICATION, AND I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF TEXAS AND THE CITY OF AMARILLO. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

REGISTRANT/APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION.

THE ANNUAL REGISTRATION FEE REQUIREMENT FOR A CREDIT ACCESS BUSINESS IS FORTY DOLLARS (\$50.00). THE APPLICABLE CERTIFICATE OF REGISTRATION FEE, PAYABLE TO THE CITY OF AMARILLO, TEXAS, MUST BE REMITTED WITH SUBMISSION OF THIS APPLICATION ALONG WITH (1) A COPY OF THE CURRENT VALID STATE CREDIT ACCESS BUSINESS LICENSE FOR THE NAMED LOCATION; AND (2) A COPY OF A CURRENT, VALID CERTIFICATE OF OCCUPANCY SHOWING THAT THE CREDIT ACCESS BUSINESS IS IN COMPLIANCE WITH THE AMARILLO MUNICIPAL CODE

A REGISTRANT/APPLICANT SHALL APPLY FOR RENEWAL AT LEAST 30 DAYS BEFORE THE EXPIRATION OF THE REGISTRATION.

SUBMISSION OF THIS APPLICATION AND REGISTRATION FEE IN NO WAY GUARANTEES ISSUANCE OF THE REQUIRED CREDIT ACCESS BUSINESS REGISTRATION. THE ANNUAL REGISTRATION SHALL BE ISSUED PENDING INSPECTION OF THE CREDIT ACCESS BUSINESS AND FINDING OF COMPLIANCE WITH APPLICABLE REQUIREMENTS AND REGULATIONS OF THE AMARILLO MUNICIPAL CODE.

AN APPLICANT OR REGISTRANT SHALL NOTIFY THE DEPARTMENT OF BUILDING SAFETY WITHIN 45 DAYS AFTER ANY MATERIAL CHANGE IN THE INFORMATION CONTAINED IN THE APPLICATION FOR A CERTIFICATE OF REGISTRATION, INCLUDING, BUT NOT LIMITED TO, ANY CHANGE OF ADDRESS AND ANY CHANGE IN THE STATUS OF THE STATE LICENSE HELD BY THE APPLICANT OR REGISTRANT.

THE ABOVE INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NON-REFUNDABLE APPLICATION FEE \$ 50.00

_____ SIGNATURE

RETURN APPLICATION AND LICENSE FEE TO:

CITY OF AMARILLO
DEPARTMENT OF BUILDING SAFETY
808 S Buchanan
AMARILLO, TX 79105

Phone 806-378-3041

Email Building@amarillo.gov

Fax 806-378-3085

DATE FILED: _____

APPLICATION#: _____

RECEIPT NUMBER: _____

LICENSE NUMBER: _____