



999 Illinois Ave
New Fairview, TX 76078
Phone: (817) 638-5366 Fax: (817) 638-5369

Business Registration

Name of Applicant: _____ Telephone: _____

Email: _____

Address: _____ New Fairview, TX 76078

(If different from applicant)

Name of Property Owner: _____ Telephone: _____

Address: _____

.....
I _____ hereby submit this application for registration for
(Your name)

A _____ (business), used for _____.

Description _____

The property is located on _____ (street). The legal description is: Lot/Tract _____ Block _____ of the _____ subdivision, survey, etc.)

Tax ID # _____

Business registered in _____

I have carefully examined the completed application and required support documentation and know the same to be true and correct. I hereby agree to comply with all provisions set forth by the City of New Fairview and the State of Texas wherein specified or otherwise. I am the owner of the property, or his duly authorized agent.

Applicant: _____ Date: _____

City Staff: _____

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