



Code Enforcement Office, City of Glen Rose, Texas
 P.O. Box 1949, Glen Rose, Texas 76043 Tel: (254) 897-9373 Fax: (254) 897-7989

CERTIFICATE OF OCCUPANCY APPLICATION

BUSINESS INFORMATION

Date:		Permit # <i>(To be added by the City of Glen Rose)</i>	
Business address:			
Business name:			
Business phone #:		Business Fax #:	Email:
Business type (Must be specific):		Will the business dispense prescribed medication or any type of controlled substances? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does this business require any type of Federal/State License or Permit to operate? <input type="checkbox"/> No <input type="checkbox"/> Yes		If a Federal/State License or Permit is required, what type:	
Will this business operate a facility that will prepare and/or serve food? <input type="checkbox"/> No <input type="checkbox"/> Yes		Will this business serve or sell alcoholic beverages? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Will this business sell tobacco products? <input type="checkbox"/> No <input type="checkbox"/> Yes		Square Footage of Building/Lease Space:	
Taxpayer ID #:		Texas State and Sale Use Tax Permit copy provided <i>(required)</i> : <input type="checkbox"/> YES	
Emergency Contact Name:		Emergency Phone #:	Alternate Emergency #:

TENANT/LEASEE INFORMATION

Company Name:		Contact:	
Mailing Address:		City:	State: Zip:
Phone:		Fax:	Email:

PROPERTY OWNER INFORMATION

Owner/Company Name:		Contact:	
Address:		City:	State: Zip:
Phone:		Fax:	Email:

I understand that this application must be filled out completely, a copy of the business Texas State and Sale Use Tax Permit for this location, and the required fee must be turned in for the certificate of occupancy to be processed. I hereby certify that the information provided in this application is true and factual to the best of my knowledge. I further understand that the certificate of occupancy will not be prepared and issued until all necessary departments have approved the project.

Signature:		Date:	
Printed Name:		Title:	

CITY OF GLEN ROSE - OFFICE USE ONLY

Fee:		Date Paid:	Receipt #:
Building Department Approved: <input type="checkbox"/>	Date Approved:	Fire Department Approved: <input type="checkbox"/>	Date Approved:
Classification:	Zoning:	Authorized in Zoning Classification:	Occupant Load: