



CITY OF HIDALGO
BUSINESS APPLICATION

Date received

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ PH#: _____

BUSINESS MAILING ADDRESS: _____

TYPE OF BUSINESS: _____

ALARM ___ YES ___ NO PERMIT #: _____ STATE _____
COMPTROLLER#: _____

NAME OF OWNER (S): _____

HOME ADDRESS: _____ CITY _____

HOME PH# _____ MOBILE: _____ OTHER: _____

IN CASE OF EMERGENCY CONTACT: _____
RELATIONSHIP _____

ADDRESS: _____ CITY _____

OFFICE USE ONLY

_____ approved ___ denied
Chief Inspector/Code Enforcement

COMMENTS: _____

_____ approved ___ denied
Traffic Safety Coordinator

COMMENTS: _____

_____ approved ___ denied
City Manager

COMMENTS: _____

