

CITY OF LA FERIA

NEW BUSINESS INFORMATION

Name of Business: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____

Phone: (____) _____

Fax: (____) _____

E-mail Address: _____

Planned Start Date of Business: _____

No. of Employees: _____

PRINCIPAL INFORMATION

Owner: _____

Home Address: _____

City/State/Zip: _____

Home Mailing Address: _____

City/State/Zip: _____

Phone: (____) _____

Cell: (____) _____

E-mail Address: _____

Type of Business (Specify Under Category):

Retail: _____

Manufacturing: _____

Industrial: _____

Other: _____

New Business Contact Person

Name: _____

Title: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Phone: (____) _____

Cell: (____) _____

E-mail: _____

Date: _____

City Hall Contact Person: _____