



City of Alton

509 S Alton Blvd. Alton, Texas 78573
Ph: 956-432-0760 Fax: 956-432-0766 www.alton-tx.gov

Business Application

Applicant:

Name _____

(Phone) _____

(Alternate Phone) _____

Address:

(Street) _____

(City) _____

(State) _____

(Zip) _____

Business Name: _____**Business Type:** _____**Business Address:** _____

(Street)

Property Owner: _____**Select One:** New Business Foster Home Other: _____**REQUIREMENTS:**

1. LEASE AGREEMENT
2. WATER BILL OF BUSINESS LOCATION
3. SITE PLAN (INCLUDE PARKING LOT)
4. SALES TAX PERMIT-STATE COMPTROLLER (956)687-9227
5. REGISTER BUSINESS AT HIDALGO COUNTY COURT HOUSE AT (956)318-2100
6. MUST BE CONNECTED TO CITY SEWER IF BUSINESS IS LESS THAN 300 FT FROM SEWER LINE

ADDITIONAL REQUIEREMENTS ONLY FOR FOOD PREPARATION/RESTAURANT TYPE ESTABLISHMENTS

COPY OF MENU OR LISTING OF FOODS TO BE SERVED

GREASE TRAP - MOBILE UNITS MUST PROVID COPY OF AGREEMENT FOR GREASE DISPOSAL

LIST HOURS OF OPERATION: Hours per Day: _____ Days per Week: _____ Seating Capacity: _____

COPY OF HIDALGO COUNTY HEALTH PERMIT MUST BE SUBMITTED AFTER FACILITY HAS BEEN INSPECTED BY CITY OF ALTON

SELECT ANY KITCHEN FIXTURES AT LOCATION (INCLUDE FLOOR DRAINS):

- | | | | | |
|---|---|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> 3 Compartment Sink | <input type="checkbox"/> Fridge/Freezer | <input type="checkbox"/> Stove | <input type="checkbox"/> Fryer | <input type="checkbox"/> Hand Wash |
| <input type="checkbox"/> Mop Sink | <input type="checkbox"/> Ice Maker | <input type="checkbox"/> Oven | <input type="checkbox"/> Grills | <input type="checkbox"/> Dishwasher |
| <input type="checkbox"/> Floor Drain | <input type="checkbox"/> Prep Table | <input type="checkbox"/> Microwave | <input type="checkbox"/> Dough Mixer | <input type="checkbox"/> Blender |

ELECTRICAL ACCOUNT INFORMATION:

AEP Texas and Magic Valley are the only energy delivery companies for this area. These companies may differ from your Retail Electric Provider. Provide the following information for the delivery company that services your property.

MAGIC VALLEY ELECTRIC
1 (866) 225-5683**Account Name:** _____**Account #:** _____**AEP TEXAS**
1 (877) 373-4858**Account Name:** _____**ESI #**(Electric Service ID): _____**Provider:** _____

"THE PERMIT HEREBY APPLIED FOR IS SUBJECT TO ALL PROVISIONS AND REGULATIONS OF THE LATEST ADDITION OF THE INTERNATIONAL BUILDING CODE AND ITS SUPPLEMENTS AND THE FLEA MARKET ORDINANCE OF THE CITY OF ALTON. THE APPLICANT HEREBY AGREES TO ABIDE AND BE GOVERNED BY SAID CRITERIA."

Applicant Signature _____ Date _____

OFFICE USE ONLY

BL # _____ Incident # _____ Date entered in INCODE _____ By _____