

**CITY OF MOUNT PLEASANT, TEXAS
PERMITTING
MOUNT PLEASANT POLICE DEPARTMENT
501 N. MADISON
MOUNT PLEASANT, TEXAS 75455**

Application for Certificate

(Office Use only)

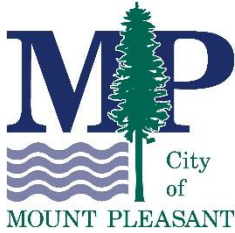
Company Name: _____

Type Service: _____

Date Received: _____

Certificate No. _____

**Entertainment Center
Code of Ordinances
Title XI Chapter 112.01**



Application for Certificate

This is an application for a Certificate to operate a regulated business in the City of Mount Pleasant. Please indicate below the type of business you are seeking approval to begin.

Name of Business: _____

Physical Address/Location of Business: _____

Square Feet of Business: _____

Number of Marked Parking Spaces for Business: _____

Occupancy Level for Business: _____

⇒ Note: Each Certificate applied for requires a separate application fee of \$50.00.

Provide a full description of all activities that will be performed at the business.

Applicant's Initials _____



Application for Certificate

Business Information:

Name of Business: _____

Business Street Address: _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Email _____

Business Mailing Address (complete only if different from above):

Owner's Full Name: _____

Birth Date: ____/____/____ Age _____ Sex _____ Race _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Owner's Home Street Address

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Driver's License Number _____ State _____

Date DL issued ____/____/____

Applicant's Initials _____



Application for Certificate

Partner/Member Full Name: _____

Birth Date: ____/____/____ Age____ Sex____ Race _____

Height____ Weight____ Eye Color____ Hair Color _____

Home Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ (____) _____ Email _____

Driver's License No. _____ State _____ Date Issued ____/____/____

Partner/Member Full Name: _____

Birth Date: ____/____/____ Age____ Sex____ Race _____

Height____ Weight____ Eye Color____ Hair Color _____

Home Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ (____) _____ Email _____

Driver's License No. _____ State _____ Date Issued ____/____/____

Partner/Member Full Name: _____

Birth Date: ____/____/____ Age____ Sex____ Race _____

Height____ Weight____ Eye Color____ Hair Color _____

Home Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ (____) _____ Email _____

Driver's License No. _____ State _____

Date Issued ____/____/____

