

Business Occupancy Application

Location Information

Building Address: _____

Building Owner: _____

Telephone: _____ Email: _____

Previous use of building: (Required) _____

Is there an existing CO for this building? Yes No Unsure

(Contact the building owner to assist with the questions above if necessary)

Tenant Information

Name: _____

Address: _____

Telephone: _____

Email: _____

Business Information

Business name: _____

Description of Business (be specific):

Contact Name (if different): _____

Contact Number (if different): _____

Detailed floor plan of operations Copy of current Certificate of Occupancy (if available)

Fire inspection will be conducted during this application process. Additional documents may be require to complete Certificate of Business Occupancy process.

Please submit application and documents to permits@cityofkilgore.com

Notice to Applicant: Any Certificate of Business Occupancy issued on the basis of incorrect information supplied on this application may be revoked. Signature of business owner or business owner's agent constitutes approval for City employees to enter the property for necessary inspections.

Date: _____

Signature: _____