



**City of Halton City, Texas**  
**Credit Access Business**  
**Application for Certificate of Registration**

**Registrant/Applicant Business Information**

1) Business Name: \_\_\_\_\_

DBA (If Different From Official Name): \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

State CAB License Number: \_\_\_\_\_ Establishment Date: \_\_\_\_\_

2) Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Zoning: \_\_\_\_\_

Mailing Address for Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3) Location Phone: \_\_\_\_\_ Location Fax: \_\_\_\_\_

4) Email Address: \_\_\_\_\_

5) Website: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

6) Applicant Name: \_\_\_\_\_

7) Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

8) Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

9) Email Address: \_\_\_\_\_

10) Business Operating as: Corporation \_\_\_\_\_, LLC \_\_\_\_\_ Multiple Entities \_\_\_\_\_,

General Partnership (GP) \_\_\_\_\_, Limited Partnership (LP) \_\_\_\_\_, LLP \_\_\_\_\_

## Registrant Business Owner(s) Information

Please include all owners of the Credit Access Business (CAB) and other persons with financial interest in the CAB and the nature and extent of each person's interest in the CAB. If more space is needed, attach additional sheets to this application.

### A) Business Owner Information

Business Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Nature and Extent of Interest: \_\_\_\_\_

### B) Business Owner Information

Business Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Nature and Extent of Interest: \_\_\_\_\_

### C) Business Owner Information

Business Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Nature and Extent of Interest: \_\_\_\_\_

## Applicant/Registrant

Applicant:

I hereby certify as the owner or the owners authorized agent to make this application, and I agree to conform to all applicable laws of the State of Texas and the City of Haltom City. All information submitted on this application is accurate to the best of my knowledge.

The applicant/registrant is responsible for the payment of all fees and charges applicable to this application. The annual registration fee requirement for a credit access business is fifty dollars (\$50). **The applicable certificate of registration fee, payable to the City of Haltom City must be remitted with submission of this application along with a copy of the current, valid state credit access business license for the named location and a copy of the current, valid certificate of occupancy issued by the City of Haltom City.**

*Applicant/registrant shall apply for renewal at least 30 days before the annual registration expires.*

Submission of this application and registration fee in no way guarantees issuance of the required credit access business registration. The annual registration shall be issued pending an inspection of the credit access business and a finding of compliance with all applicable requirements and regulations of the City of Haltom City Municipal Code.

An applicant or registrant shall notify the City Secretary's Office within 45 days after any material change in the information provided in this application.

The information submitted above is true and correct to the best of my knowledge.

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Signature

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Date

Please return your application, fee, and copies of state and city issued documents to:

City Secretary's Office  
City of Haltom City  
5024 Broadway Avenue  
Haltom City, TX 76117

### For Office Use Only

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

New: \_\_\_\_\_ Renewal: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

State Issued CAB: \_\_\_\_\_

City CO: \_\_\_\_\_

Annual Inspection performed by: \_\_\_\_\_

Date: \_\_\_\_\_