



# City of Rice

## Business License Permit Application

**Remittance Address:**

P.O. Box 97 205 E. Calhoun  
Rice, Texas 75155  
(903) 326-7500

Email: [troberts@ricetx.gov](mailto:troberts@ricetx.gov)

Please complete this form in its entirety as it applies to your business activity in the City of Rice. If you need any assistance completing this application, please contact the Administration Department at (903) 326-7500.

**Form of Ownership (Circle One):**  Sole Prop  Corp  LLC  Partnership  Prof Assoc  Other \_\_\_\_\_

**Date Business Activity Initiated/Proposed:** \_\_\_\_\_ **Number of Employees:** \_\_\_\_\_

**Legal Business Name:** \_\_\_\_\_ **FEIN/Social Security #** \_\_\_\_\_

**Trade Name/DBA:** \_\_\_\_\_ **Is this a Home-Based Business?**  Yes  No

**Business Type: (Check all that apply)**

Retail  Wholesale  Bldg Contractor  Service  Professional  Manufacturer  Rental  Other \_\_\_\_\_

**Describe the business you are conducting** \_\_\_\_\_

**State License Type:** \_\_\_\_\_ **State License #** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(Street / PO Box) (City) (State) (Zip)

**Physical Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(Business) (Home) (Cell)

**Name/Phone # of Emergency Contact:** \_\_\_\_\_ ( ) \_\_\_\_\_ **Title:** \_\_\_\_\_

**List Names of Owner(s), Partner(s) or Officer(s) (Attach Separate Sheets if Necessary)**

<u>Name</u>	<u>Residence Address</u>	<u>Title</u>

I certify under the penalty of perjury that the information provided on this Business License Form is accurate and correct to the best of my knowledge and belief.

**Authorized Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **FEIN:** \_\_\_\_\_

**FOR USE BY CITY STAFF ONLY**

**DATE RECEIVED:** \_\_\_\_\_ **RECEIVED BY:** \_\_\_\_\_ **RECEIPT NO:** \_\_\_\_\_  
**ZONING DISTRICT:** \_\_\_\_\_  
\_\_\_ APPROVED \_\_\_ DENIED REASON: \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_