



City of Gonzales
Community Development Department
 1920 St. Joseph St., Gonzales, Texas 78629
 Phone: 830-672-3192
 Email: buildingpermits@gonzales.texas.gov

Business Permit Application

| | | |
|---|----------------------------|--|
| Applicant Name | | Date |
| | | |
| Email | | Contact Phone No. |
| | | () |
| Name of Business | | |
| | | |
| Description of Business | Home Based Business | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | |
| Name of Property Owner (if different from Applicant) | | |
| | | |
| Email | Phone Number | |
| | () | |
| Emergency Contact Name (must be a local contact) | Phone Number | |
| | () | |
| Signature of Applicant _____ | | |

AN INCOMPLETE BUSINESS APPLICATION WILL NOT BE ACCEPTED

THERE IS NO FEE FOR SUBMITTING THIS BUSINESS APPLICATION BUT THE APPLICANT MUST PAY ALL OTHER APPLICABLE FEES (PEDDLER PERMIT, CERTIFICATE OF OCCUPANCY, ETC.). **BUSINESSES ARE NOT ALLOWED TO OPERATE WITHOUT A CURRENT CITY OF GONZALES CERTIFICATE OF OCCUPANCY.** THE ISSUANCE OF A CITY OF GONZALES APPROVED BUSINESS PERMIT OR CERTIFICATE OF OCCUPANCY DOES NOT ALLEVIATE THE APPLICANT'S RESPONSIBILITY FOR OBTAINING ANY REQUIRED STATE OR FEDERAL PERMITS OR LICENSES (TABC, ETC.).

FOR OFFICIAL USE ONLY

Zoning District _____ Type of Construction _____
 Occupancy Type _____ Max. Occupant Number _____

The undersigned confirm that the Building, Fire, Life Safety, and Zoning Requirements have been met according to the City of Gonzales Code of Ordinances.

| | |
|--|-----------------------------------|
| _____ CITY SECRETARY/ZONING OFFICIAL | _____ BUILDING OFFICIAL |
| _____ FIRE MARSHAL | _____ DATE |