City of Lake Worth
Permit Department
3805 Adam Grubb
Lake Worth, Texas 76135
817-237-1211 X 112
Fax 817-237-1333



TEMPORARY BUSINESS APPLICATION

BUSINESS INFORMATION

Date:	Permit #:					
Business Address:		1				
Business Name:						
Business Phone #:	Business Fax #:	Business Fax #:		Email:		
Business Type:	Square Footage of Building/Lease Space/Unit:					
Emergency Contact Name:	Emergency Phone	Emergency Phone #:		Alternate Emergency #:		
TENANT/LEASEE INFORMATION						
Company Name:	Contact:					
Mailing Address:		City:	Sta	te:	Zip:	
Phone:	Fax:	I	Email:	Email:		
PROPERTY OWNER INFORMATION						
Owner/Company Name:	Contact:					
Address:		City:	ty: Stat		te: Zip:	
Phone:	Fax:	Email:				
I understand that this application must be filled out completely, copies of requested documents must be attached (see permit clerk for required documents), and required fee (\$30.00 per 30 days) must turned in for the permit to be processed. I hereby certify that the information provided in this application is true and factual to the best of my knowledge.						
Signature:	Date:					
Printed Name:	Title:					
OFFICE USE ONLY						
Fee: \$30.00 per 30 days Total Paid: Date Paid:		Receipt #:				
Approved:	e Approved:	Fire Department Approved:				
Zoning Department Date Approved:	e Approved:	Permit Start Dat	e:]/[Permit Expi	ration Date:	