



City of Brownsville Business Registration Application

Please describe ***in detail*** your business activity. Please list the nature of your business, any relevant safety issues including, but not limited to, alarm company contact, storage of chemicals, processes, applications, stored materials, emergency contact designee and any other relevant factors for fire protection and law enforcement personnel.

By making this application for registration, the applicant represents that he/she is aware of the requirements of the Brownsville Municipal Code, Chapter 5 and Chapter 15 and hereby agrees to comply with those requirements.

I, _____, applicant or authorized representative of applicant, swear and affirm that all statements contained in this application, including statement of my authority are true under penalties of perjury. I understand further that this information will be shared with other agencies.

Signature of Applicant

Date of Application