

BALCH SPRINGS

G R O W I N G C O M M U N I T Y

**Auto Mechanic Annual License Application \$175.00
Annual Renewal \$10.00**

Date Issued: _____

Business Name: _____

Business Address: _____

Mailing Address (if different): _____

Business Phone: _____

Individual Ownership Partnership Incorporated

(If Incorporated) Name registered with City Secretary: _____

(If Incorporated) Name and address of Registered Agent____ or Individual____ authorized to be served for administrative and legal process relative to City of Balch Springs Repair Ordinance:

Name: _____

Address: _____

If not a corporation, furnish complete statement of ownership:

Name: _____

Home Address: _____

DOB: _____ TX. D.L. #: _____

Do you operate repair establishments other than listed above? Yes No

If yes, list the business name. (A separate application must be filed for each separate business

Please Print

Name of applicant: _____ Position in Company: _____

DOB: _____ TX. D.L.# _____ Home Phone #: _____

Home Address: _____ City/ St: _____ Zip: _____

Attach Copy of D.L. _____