



City of Brownsville  
Building Inspections Department  
1034 E. Levee St./2<sup>nd</sup> Flr  
Brownsville, Texas 78520  
956-550-8345 Fax 956-548-6144  
Inspection Request Line: 956-550-8598  
Website address: <http://permits.cob.us>

**APPLICATION FOR THE REGISTRATION OF CAR TITLE LOAN, CHECK CASHING,  
PAYDAY ADVANCE OR LOAN BUSINESS**

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Annual Fee: \$100.00

1. BUSINESS NAME: \_\_\_\_\_

2. BUSINESS ADDRESS: \_\_\_\_\_

3. Zoning: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Blk: \_\_\_\_\_ Lot: \_\_\_\_\_

4. Tax ID#: \_\_\_\_\_

5. OWNER(S) OF BUSINESS: \_\_\_\_\_

6. OWNER'S RESIDING ADDRESS: \_\_\_\_\_ Phone: \_\_\_\_\_

7. BUILDING OWNER'S NAME: \_\_\_\_\_

8. BUILDING OWNER'S ADDRESS: \_\_\_\_\_ Phone: \_\_\_\_\_

9. Have you ever been found guilty of any criminal offense defined in V.T.C.A., Penal Code title 7, title 11 or their criminal equivalents or the Texas Controlled Substances Act, Health & Safety Code, and if so, the venue of such offense and penalty imposed. Check one:

No  Yes (explain below)

10. Have you ever engaged in business under an assumed name and if so, please provide the name:

11. Business Name: \_\_\_\_\_

12. CITY REGISTRATION NUMBER: \_\_\_\_\_ Expires: \_\_\_\_\_

13. Signature of Applicant/Owner: \_\_\_\_\_

14. Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**NOTE: Each individual or entity with 10% or more ownership interest must provide the information requested on lines 5, 6, 9, 10, 11 & 13 separately.**

I hereby state that the above information is true and correct. I understand that this registration is a matter of public record and the information contained herein will be available to the public. I understand that failure to provide requested information or provide false information on this registration form can result in denial, suspension, or cancellation of said registration. I further understand and agree that revocation, suspension, or denial of my State or other applicable license will result in automatic denial, suspension or revocation of this registration. I have read the copy of City ordinance 2010-1520 attached hereto and understand and agree to the cause for denial, suspension or revocation of this registration stated herein.