

**FOR OFFICE USE:**

Fixed Location  
 Fixed with Mobile  
 Road Service only  
 \_\_\_\_\_

**CITY OF LAREDO HEALTH DEPARTMENT**  
**Environmental Health Services Division**  
**2600 CEDAR**  
**LAREDO, TEXAS**

**FOR OFFICE USE:**

INSP: \_\_\_\_\_  
DATE: \_\_\_\_\_

**TIRE BUSINESS REGISTRATION APPLICATION**

Establishment Name \_\_\_\_\_ Operator \_\_\_\_\_

Physical Address \_\_\_\_\_ Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Laredo, Texas 780\_\_\_\_\_

Laredo, Texas 780 \_\_\_\_\_ Driver's License # \_\_\_\_\_ Tax ID No. \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner (S) Name \_\_\_\_\_ Property Owners Telephone No.: \_\_\_\_\_

Property Owners Address \_\_\_\_\_ City \_\_\_\_\_

Approximate Number of tires to be stored on site: \_\_\_\_\_

PLEASE INDICATE BY YOUR SIGNATURE, THAT REGULATIONS OR REQUIREMENTS ENFORCED BY YOUR DEPARTMENT HAVE BEEN MET BY APPLICANT.

	<u>APPROVED</u>	<u>NOT APPROVED</u>	<u>SIGNATURE &amp; DATE</u>
1. PLANNING & ZONING DEPT. Luis Villa 794-1613	<input type="checkbox"/>	<input type="checkbox"/>	_____ Zoning _____
2. BUILDING DEPARTMENT BUILDING INSPECTOR 794-1625 1120 San Bernardo – Bruni Plaza inside City Library	<input type="checkbox"/>	<input type="checkbox"/>	_____

FOR MOBILE TIRE REPAIR ROAD SERVICE UNITS (include copies of Insurance Policy for each unit):

Unit License Plate No. & Expiration Date	Vehicle Inspection Date	Insurance Policy No. & Exp. Date	Driver's License No.
_____ & _____	_____	_____ & _____	_____
_____ & _____	_____	_____ & _____	_____
_____ & _____	_____	_____ & _____	_____
_____ & _____	_____	_____ & _____	_____
_____ & _____	_____	_____ & _____	_____

LIST ADDITIONAL UNITS ON BACK OF THIS APPLICATION

I certify that the above information is true and correct

\_\_\_\_\_  
Applicant Date