



COMPANY REGISTRATION

Development Services Department

2406 Leopard St. Corpus Christi, TX 78408 | Phone: 361.826.3240 | Fax: 361.826.4375 | PermitRequests@cctexas.com

Date _____

New Registration

Renewal with changes

Authorized Company Representative Information:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Company Information:

Company Name: _____

Business Location: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Company Business Card:

**AFFIX COMPANY
BUSINESS CARD HERE**

I hereby affirm under the penalty of perjury that all of the acts, statements, and answers contained herein are true. My signature below is also a binding agreement to comply with all local, state, and federal ordinances as required by the City of Corpus Christi.

Printed Name _____ Signature _____

Processed by: _____ Date: _____ Registration# _____