

CONTROL #: CONTRL
BUSINESS NAME: OLBSNM

**MOBILE HOME PARK LICENSE APPLICATION
(Annual Renewal)**

Note: Expires December 31st of each year.

PARK NAME: _____

MAILING ADDRESS: _____

LOCATION OF PARK: _____

PARK MANAGER'S NAME
& PHONE NUMBER: _____ PH: _____

PARK OWNER'S NAME
& ADDRESS: _____

<u>Authorized Park Lots:</u>	<u>Annual Fee:</u>
1 – 25	\$25.00
26 – 50	\$35.00
51 – 75	\$45.00
76 +	\$55.00

NUMBER OF PARK SPACES: _____ FEE \$ _____

DATE _____ SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE _____

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INTERNAL USE ONLY

TAXES: _____ HCAD: _____

DATE: _____ LICENSE NUMBER: _____

LICENSE ISSUED BY: _____

RECEIPT NUMBER: _____