

## Commercial Occupancy Application

### Location Information

Building Address: \_\_\_\_\_

Previous use of building: \_\_\_\_\_

### Tenant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Business Information

Business name: \_\_\_\_\_

Description of Business: \_\_\_\_\_

\_\_\_\_\_

Contact Name (if different): \_\_\_\_\_

Contact Number (if different): \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Provide a completed application and a detailed floor plan showing the layout of operations for review to [carol.windham@cityofkilgore.com](mailto:carol.windham@cityofkilgore.com).*

*Additional information may be requested.*

*Upon receipt and acceptance, a fire inspection will be scheduled*