



# Hurricane Registration Form

## Business

City of South Padre Island  
Police Department  
4601 Padre Blvd.  
South Padre Island, TX 78597  
Phone: (956) 761-8147  
Fax: (956) 761-9544

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Name of Owner/Manager: \_\_\_\_\_

Phone: \_\_\_\_\_

LP#: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

DL#: \_\_\_\_\_

State: \_\_\_\_\_

Sticker #:  
(Office Use)



1. Name of Employee: \_\_\_\_\_

LP#: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

DL#: \_\_\_\_\_

State: \_\_\_\_\_

Sticker #:  
(Office Use)



2. Name of Employee: \_\_\_\_\_

LP#: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

DL#: \_\_\_\_\_

State: \_\_\_\_\_

Sticker #:  
(Office Use)



3. Name of Employee: \_\_\_\_\_

LP#: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

DL#: \_\_\_\_\_

State: \_\_\_\_\_

Sticker #:  
(Office Use)



Manager/Owner must submit this form and pick up the stickers.  
Limit 4 stickers per business.