

License No. _____



Killeen Police Department

3304 Community Blvd.
Killeen, TX 76542
(254)501-8940



Secondhand Dealer License Application

(Applicant must be the owner, manager or a person responsible for the day-to-day operations and with authority to make business and legal decisions for the business)

Business Name _____

In case of a firm or corporation, list the individual members of the partnership or officers of the corporation _____

Business Address _____

Is a portion of your sales made through the internet? Yes _____ No _____

Tax ID No. _____

Phone No. _____ Email _____

Applicant's Name _____ Phone No. _____

Applicant's Residence Address _____

Driver License #/State _____ Social Security # _____

Applicant's Date of Birth _____ Ht _____ Wt _____ Hair _____ Eyes _____

Have you been convicted of a violation of a state or federal statute involving criminal offenses of theft, tampering with or fabricating physical evidence, tampering with a governmental record, or fraud? Yes _____ No _____

If yes, explain _____

License Fee
\$40.00 (non-refundable)
(Complete back side)

I certify that the information provided on this form is accurate and complete. I certify that I am the owner, manager or a person who is responsible for the day to day operations and I have authority to make business and legal decisions for the above listed business. I also understand that a false statement on this application may result in either a denial of this application or subsequent revocation if this license is granted.

I understand the information supplied in this application may be used to obtain a criminal record check, to which I consent.

Signature: _____ **Date** _____

Print Name: _____

Title: _____

State of _____

County of _____

_____, personally appeared before me, and being first duly sworn declared that he/she signed this application in the capacity designated, if any, and further states that he/she has read the above application and the statements therein contained are true.

Notary Public's Signature

Recommend approval by PD: Yes/No _____ **ID#** _____

City Manager's Office: Approve _____ **Deny** _____

City Manager Signature: _____