

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** \_\_\_\_\_