



CITY OF DALLAS

APPLICATION FOR CITY OF DALLAS REPAIR LICENSE

Department of Code Compliance – Consumer Protection Division

MOTOR VEHICLE REPAIR - \$57.00
Additional Location for MVP License - \$75.00
Replacement License - \$2.00

HOME REPAIR - \$48.00
Additional Location for Home Repair License - \$48.00
Replacement License - \$2.00

ELECTRONIC REPAIR - \$53.00
Additional Electronic Repair License - \$4.00
Replacement License - \$4.00

(FOR OFFICE USE ONLY)			
ACCOUNT NUMBER: _____	DATE PAID: _____ / _____ / _____		
LICENSE NUMBER: _____			
EXPIRATION DATE: _____ / _____ / _____	FEE PAID: _____	PERMIT #: _____	
PAYOR: _____ <small>(If different than customer/applicant, capture address, C/S/Z, phone number)</small>			
ADDRESS: _____			
CITY: _____	STATE: _____	ZIP: _____ - _____	PHONE: (____) _____ - _____

ALL FEES ARE NON-REFUNDABLE

LICENSE IS NOT TRANSFERABLE

MAKE CHECK OR MONEY ORDER PAYABLE TO: **City of Dallas**

TO PAY IN PERSON: City of Dallas
Special Collections
1500 Marilla St. Room 2DS
Dallas, TX 75201

OR MAIL PAYMENT TO: City of Dallas
Special Collections Division
PO Box 139076
Dallas, TX 75313-9076

The City of Dallas does not accept payments in the field.

Business Name: _____

Business Address: _____
(Physical Location) Street Suite City/State Zip Code

Mailing Address (if different): _____

Business Phone _____ Fax _____ Cell Phone _____

Home Phone _____ Email: _____

Type of ownership: Individual Partnership Corporation Other _____

If incorporated, name registered with Secretary of State _____

Federal ID# _____

NAME AND ADDRESS OF REGISTERED AGENT OR INDIVIDUAL AUTHORIZED TO BE SERVED FOR ADMINISTRATIVE AND LEGAL PROCESS RELATIVE TO THE CITY OF DALLAS REPAIR ORDINANCES.

Name Mailing Address Zip Code Number

If not incorporated, ownership information:

1. _____
Name Home Address Telephone# D.O.B. TX. DL#

2. _____
Name Home Address Telephone# D.O.B. TX. DL#

Do you operate a Tire establishment other than listed above? YES NO

If YES, provide information below.

Business name and address (list only if located within the City of Dallas)

Business Name Address Zip

A Tire Shop Establishment License Application (CCS-FRM-227) must be filed for each separate tire shop establishment within the City of Dallas.

To your knowledge, has any current employee of this business been convicted of a violation of any provision of the ordinance pertaining to the type of repair license applied for? YES NO If YES, provide details

If incorporated, has the business been convicted of a violation of any provision of the ordinance pertaining to the type of repair license being applied for? YES NO If YES, provide details

MOTOR VEHICLE REPAIR AND ELECTRONIC REPAIR BUSINESSES MUST HAVE A VALID CITY OF DALLAS CERTIFICATE OF OCCUPANCY OR HAVE APPLIED FOR A CERTIFICATE OF OCCUPANCY INSPECTION REQUEST AND MUST PROVIDE A COPY OF YOUR VALID CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF OCCUPANCY INSPECTION REQUEST (if applicable) WITH LICENSE APPLICATION.

PLEASE PROVIDE A LEGIBLE COPY OF THE PERSON IN CONTROL DRIVER'S LICENSE OR APPROVED IDENTIFICATION CARD.

As owner, proprietor, partner, corporate officer, or authorized agent of the above firm, I certify that the firm will/does engage in Motor Vehicle/ Mobile Motor Vehicle/Home/ Electronic Repair within the City of Dallas as defined in Chapter 50 of the Dallas City Code. I further certify that all facts stated in the application are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Date of Birth: _____ TX. D.L#: _____ Home Phone: _____

Home Address: _____

THE DIRECTOR OF THE DEPARTMENT OF CODE COMPLIANCE MUST BE NOTIFIED OF ANY CHANGE OF ADDRESS, OWNERSHIP OR MANAGEMENT WITHIN (10) DAYS OF SUCH CHANGE.

NOTICE: An applicant who purchases a City of Dallas Repair License and whose check or draft is returned by their financial institution for any reason, will be considered to be engaged in the repair business without a valid license.

In the event your check is returned for insufficient or uncollected funds, we may represent your check electronically.

For Code Compliance Use Only			
Establishment has been inspected and meets minimum Health and Sanitation Standards for operation. (Chapter 19-34.1)			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Inspector: _____	Date: _____