REGULATED PROPERTY DEALER#S LICENSE
INSTRUCTIONS FOR APPLICATION

1. Complete the attached application for license. Please be sure to have your application notarized before forwarding. You may mail the complete application to the Dallas City Hall, City of Dallas Special Collections Office, P. O. Box 139076, Dallas, TX 75313. You may also deliver your application to Dallas City Hall, City of Dallas Special Collections Office, Room 2-D South, 1500 Marilla Street, Dallas, TX 75201. Please include a fee of $245.00 for processing.

2. Application requirements are:
   a. If you do not have a "Certificate of Occupancy" you must make application for one at the City of Dallas Oak Cliff Municipal Building, 320 E. Jefferson, Blvd. Building Inspection office.
   b. If you have a certificate, place the certificate number in the upper right hand corner of the application in the space provided.
   c. Payment must be made on any past due taxes, fees, fines, or penalties owed to the City of Dallas by any person (or their spouse) listed on the application for a license.
   d. If you have an alarm system in your business, you must have and maintain a City of Alarm Permit.

3. The Water Department, Special Collections Office will notify you when your license has been approved. It can be picked up at the Dallas City Hall, City of Dallas Special Collections Office, Room 2-D South, 1500 Marilla Street. If you do not receive notification of the license approval within sixty (60) days, notify the Property Recovery Squad at the telephone number listed below.

   It will be your responsibility to keep your license current. Application for renewal should be made a minimum of (30) days prior to the expiration date to allow time for processing.

   Please read the copy of the City Ordinance pertaining to your license, along with the other laws attached. If there is any question regarding the ordinance, contact the Property Recovery Squad for clarification. Other questions may be directed to the appropriate number listed below:

   Dallas Police Department
   Property Recovery Squad
   1400 S. Lamar Street
   Dallas, TX 75215
   214-670-8320

   Special Collections Office
   214-670-3438

   Building Inspection or Zoning
   214-948-4480

   Alarm Permits
   214-671-4120
APPLICATION FOR A CITY OF DALLAS REGULATED PROPERTY DEALER#S LICENSE

Business Trade Name:______________________________________________________________

Address:__________________________________________ Zip:________ Phone:______________

Person Applying:____________________________________ DL#:________________________

Home Address:____________________________________________ City:________ State:________

Zip:__________ Phone:____________ Race:________ Sex________ DOB:________________

Your Relationship to the business:__________________________________________________

Is this a corporation or joint venture? Yes: __________ No: __________ X

If none of the above, furnish the information requested below:

Owner#s Name:________________________________________ DL#:________________________

Home Address:____________________________________________ City:________ State:________

Zip:__________ Phone:____________ Race:________ Sex________ DOB:________________

Home Phone:____________________________________ Business Phone:____________________

Spouse#s Maiden Name:________________________________ DL#:________________________

Race:__________ Sex________ DOB:________________________

If this is a corporation or joint venture, furnish the information requested below:

Corporate or joint venture name:______________________________________________________

Mailing Address:____________________________________________ City:________ State:________

Zip:____________________ Business Phone:________________________________________________

Officers and/or Co-Owners:

1. Name:________________________________________ DL#:________________________

   Home Address:____________________________________________ City:________ State:________

   Zip:__________ Phone:____________ Race:________ Sex________ DOB:________________

   Relationship to the business:________________________________________________________

2. Name:________________________________________ DL#:________________________

   Home Address:____________________________________________ City:________ State:________

   Zip:__________ Phone:____________ Race:________ Sex________ DOB:________________

   Relationship to the business:________________________________________________________

(List Additional Names on back of this page)
List all employees who will be engaged in the act of buying and selling.

1. Name: ___________________________ Race: ___ Sex: ___ DOB: ___________
   Address: ___________________________ Home Ph: _______ DL#: ______________

2. Name: ___________________________ Race: ___ Sex: ___ DOB: ___________
   Address: ___________________________ Home Ph: _______ DL#: ______________

3. Name: ___________________________ Race: ___ Sex: ___ DOB: ___________
   Address: ___________________________ Home Ph: _______ DL#: ______________

   (List on back of application if more room is needed)

You are being given a copy of your responsibilities in obtaining this license. If you have not received your license within sixty (60) days, it is your responsibility to contact us as to why your license has not been issued.

The Building Inspector's office requires the name and telephone number of a person whom they should contact for their inspection:

Name: ___________________________ Phone: ___________________________

If you, your spouse, or any person or their spouse listed on this application has ever been arrested for other than minor traffic violations, furnish the information requested below for all arrests. (Use the back of this application if more space is necessary)

1. Name: ___________________________
   Charge: __________________________
   Disposition: ___________________
   Year: ___________

2. Name: ___________________________
   Charge: __________________________
   Disposition: ___________________
   Year: ___________

3. Name: ___________________________
   Charge: __________________________
   Disposition: ___________________
   Year: ___________

   Is any person or their spouse listed on this application overdue in payments to the City for taxes, fees, fines, or penalties? ______ No

   If you sublease, give the name, and address of the owner of the building.

Owner: _____________________________
Address: ___________________________

Has any person listed on this application been denied or had revoked any City or State license within the proceeding twelve (12) months? ______ If yes, give the name of the person, the name of the business, and the address when the license was revoked or denied.
Name: ________________________________
Name of Business: ________________________________
Address: ________________________________

It is understood that the fee for the license is $245.00 per year.

Signature: ________________________________

SIGNATURE MUST BE OWNER, PARTNER, OR CORPORATE OFFICER

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STATE OF TEXAS, COUNTY OF DALLAS:  BEFORE ME, the undersigned authority, on this day personally appeared: ________________________________

who being by me first sworn, deposes and says that he/she has carefully read the foregoing application and that all the facts and statements made are true and correct.

SUBSCRIBED AND SWORN TO ME THIS ________ DAY OF __________ A.D. 20______.

______________________________
NOTARY PUBLIC

(seal)