

APPLICATION FOR SECONDHAND DEALER'S LICENSE

NAME: _____
 First Middle Last

ADDRESS: _____
 Street City State Zip

BUSINESS NAME & ADDRESS: _____
- _____

Social Security # (Owner) Date of Birth (Owner) Business Phone No.

Insurance Company Bond Amount Expiration Date

“I 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.”	
_____ Applicant's Signature	_____ Date

APPROVALS:

Chief of Police Date

Planning Department Date

BOND: \$200.00/Must provide proof of bond before license can be issued.

FEE: \$200.00/Non-refundable