

Application For Licensing Commercial Resale Business

This license is for anyone who purchases used goods from another for the purpose of trade or resale. A license is required for any person acting as a pawnbroker, junk dealer, salvage yard, recycler, antique dealer, coin shop, second-hand dealer, and anyone who deals in used goods.

Exemptions are those who are licensed gun traders, auctioneers, used car dealers, automotive tire dealers.

APPLICATION

Name of Business: _____

Business Street Address: _____

Type of Resale Business: _____

Principal type of items to be purchased and resold: _____

Name of Owner: _____

Address: _____

Telephone Number of Owner: _____ Drivers License #: _____

Social Security Number: _____ Date of Birth: _____

Name of Person Filing application if different from Owner: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Social Security Number: _____ Drivers License #: _____

Name of Principal Managing Agent: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Social Security Number: _____ Drivers License #: _____

Legal Description of property on which the business will be operated:

Map Number: _____ Tax Lot Number: _____

I hereby authorize the City of The Dalles, its officers, agents, or employees to solicit information concerning records of conviction or arrest from any person or law enforcement data bank. I agree to hold harmless the City, its officers, agents and employees and any person furnishing data concerning arrests or convictions from any suit, claim, or action based upon the accuracy, use, or public release of data furnished to process this application. I will rely upon my right to submit rebuttal in the event of license application denial or revocation as full and adequate redress for any false or erroneous information provided or considered.

Signature of Owner: _____ Date: _____

Signature of Applicant if different from Owner: _____ Date: _____

Signature of Managing Agent if different: _____ Date: _____

-----CITY USE ONLY-----

This is to certify that the above described business address

Is located in an area zoned for such a business, or is otherwise consistent with the zoning ordinance.

Is NOT located in an area zoned for such a business, or is otherwise inconsistent with the zoning ordinance.

City Planner

Date

This is to certify that the above application has been reviewed by the City of The Dalles Police Department.

The above application

Is recommended for approval

Is NOT recommended for approval

Chief of Police

Date

Application fee paid: _____ Date: _____ Receipt number: _____

Amount Paid: _____ Date of License: _____

City License Number: _____ City Clerk: _____