

## CITY OF HOUSTON SECONDHAND RESELLER'S LICENSE APPLICATION

Cost: The current annual License and Administrative fees.

PLEASE PRINT				DATE		
The applicant is an: Indiv (Business organizations, both do provide full and complete copies	mestic and foreign, must be r	rship 🔲 recognized by th gistration with t	Corporation Texas Business this application.)	on 🗆 s Organizati	Other Legal ons Code ("BO	Entity 🗆 C"), and shall
Trade Name						
Facility Address						
•	Street Number/Street Name	<del>"</del>	City		State	Zip Code
Telephone	Fax	E-ma	ail	¥3.		
Applicant Name			Tel	ephone _		
Residential Address						
1	Street Number/Street Name		City		State	Zip Code
	Persons identified as O	wners, Manag	ers or Operator	s of this Bu	ısiness	
Name		Residential Add		*	Telephone N	lo.
-						
	tified above as the applica valid government-issued					
Requested hours of operation	:A.M	P.M.	□Sun □Mon	□Tues □'	Wed □Thurs	□Fri □Sat
A copy of the facility's curre	nt Certificate of Occupancy	/ has been atta	ched to this app	olication:	Yes □	No 🗆
Has anyone or entity identification of the second of the s	ed above had a license deni	ed or revoked	by the City of I	Houston?	Yes □	No 🗆
					Auror one	
	- 8000					
			<del></del>			
In case the license applied fo the ordinances of the City of any preceding city ordinance	Houston. I (we) have not	had a license	under Chapter	the busines 7 of the C	s in strict accordity Code of O	ordance with ordinances or
Signature of Applicant or dul	y authorized individual	TXI	Driver's License	e or other I	.D. Number	
	ip, provide a supplemental page v	vith the signature	of each general pa	rtner.		
POST OFFICE BOX 1561 • HOUSTO HOUSTON PERMITTING CENTER •	N, TEXAS 77251-1561 1002 WASHINGTON AVENUE, 1	ST FLOOR			PHONE: FAX:	832-394-8803 832-395-9631

ONLINE: www.houstonpermittingcenter.org or www.houstontx.gov/ara

Revised: 12/29/2016

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provide below the requested information:

In adherence with Sec. 7-123 of the Ordinance, the individual completing this portion of the application on behalf of the legal business entity shall respond to the following questions, and make such information available, to satisfy the conditions for review of the application and determination for issuance of the Secondhand Reseller license.

If the person above is submitting this application in the name of a partnership, corporation or other legal entity, please

ing Address	C AN LOCALINA			. 30
	Street Number/Street Name (P O Box will not be accepted)	City	State	Zip C
ness Telephone		Fax Number		
If a corporation, provide t	the name of the corporate officers and ea	ch person who owns 50 percer	nt or more of the corporation:	
	Names and Titles of Officers and n	o more than five (5) Sharehold	lers.	
If a partnership, describe member:	below the type of partnership and pro-	vide the name, address and te	elephone number of each gene	eral partn
If a partnership, describe member:  Type of partnership:	below the type of partnership and pro	vide the name, address and te	elephone number of each gene	
If a partnership, describe member:	below the type of partnership and pro	vide the name, address and te	elephone number of each gene	
If a partnership, describe member:  Type of partnership:	Add (P O Box No	vide the name, address and te	Telephone No	
If a partnership, describe member:  Type of partnership:	Add (P O Box No	lress	Telephone No	
If a partnership, describe member:  Type of partnership:  Names of Partners	Add (P O Box No	lress	Telephone No	
If a partnership, describe member:  Type of partnership:  Names of Partners  If an unincorporated association and the partners are also associated as	Add (P O Box No	lress (Accepted)	Telephone No	
If a partnership, describe member:  Type of partnership:  Names of Partners	Add (P O Box No	lress (Accepted)	Telephone No	
If a partnership, describe member:  Type of partnership:  Names of Partners  If an unincorporated association and the partners are also associated as	Add (P O Box No	lress (Accepted)	Telephone No	

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the Texas Comptroller of Public Accounts.

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assumed name or a current certificate of status issued by the Texas Office of the Secretary of State and a certificate of account status from

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## Section. 1-11. Application for permits, licenses, etc.

My name is		My date of hirth is	
(first, midd	le and last name),	(mm/	dd / yyyy)
and My address is		, and	
(street, city	, state, zip code)	(country)	
		13	
acknowledge that issuance of the restrictions or city, state, or feder corporation or any other legal entity	statements made in the application. None license; permit or certificate does not all laws or regulations. To the extent the or persons, I certify that I have fully adulthorized to execute this declaration.	excuse or approve any viol nat this declaration is made o	lation of deed on behalf of a
acknowledge that issuance of the restrictions or city, state, or feder corporation or any other legal entity and this declaration and that I am au	license; permit or certificate does not all laws or regulations. To the extent the or persons, I certify that I have fully adotherized to execute this declaration.	excuse or approve any viol nat this declaration is made o	lation of deed on behalf of a
acknowledge that issuance of the restrictions or city, state, or federa corporation or any other legal entity and this declaration and that I am au I declare under penalty of perjury the	license; permit or certificate does not all laws or regulations. To the extent the or persons, I certify that I have fully adotherized to execute this declaration.	excuse or approve any viole and this declaration is made of the contents of th	ation of deed on behalf of a the application

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