

City of Hood River

APPLICATION FOR USED ARTICLE DEALERS LICENSE

Annual Fee - \$34 Non profit (Non-Refundable)

Annual Fee - \$34 For profit (Non-Refundable)

HRMC 5.24

All annual licenses expire on December 31st

Name _____ Date _____

Address (home) _____

Telephone (home) _____ (cell) _____

Email Address _____

DL#: _____ DOB: _____

Previous addresses (past three years) _____

List all names previously used: _____

Business

Name _____

E-Mail _____

Address _____

Telephone _____

Owner(s) _____

Have you ever been convicted of a felony crime or an offense involving theft, deception, moral turpitude or a dangerous drug? Yes _____ No _____

If yes, give details as to charge, court and date _____

Type of Merchandise to be sold* _____

***If selling firearms, submit copies of all federal and state permits secured.**

If business is a corporation, list names and addresses of three largest stockholders:

Full Name (list all names previously used) _____

Address _____

Telephone _____ DOB: _____

Full Name (list all names previously used) _____

Address _____

Telephone _____ DOB: _____

Full Name (list all names previously used) _____

Address _____

Telephone _____ DOB: _____

If business is a partnership, list names and addresses of partner(s):

Full Name *(list all names previously used)* _____
Address _____
Telephone _____ DOB: _____

Full Name *(list all names previously used)* _____
Address _____
Telephone _____ DOB: _____

List names and addresses of all employees:

Full Name *(list all names previously used)* _____
Address _____
Telephone _____ DOB: _____

Full Name *(list all names previously used)* _____
Address _____
Telephone _____ DOB: _____

Full Name *(list all names previously used)* _____
Address _____
Telephone _____ DOB: _____

(Use additional sheets for any information needed)

SIGNATURE(S): (all owners must sign)

By signing this application I am stating that I have read it in its entirety and agree to comply with all applicable ordinances, resolutions and policies of the City of Hood River. I certify that all information given on this application, and any supporting information, is true and complete. I hereby authorize the City of Hood River to make all necessary contacts and/or inquiries needed to check my background to ensure I qualify for this permit. I also hereby authorize the City of Hood River to conduct a criminal background check and obtain a copy of my criminal record, if any. All references are authorized to release to the City of Hood River all information requested which they might have about me. I hereby release all references and the City of Hood River from any liability which might be claimed because of information provided by such references or background checks."

Name

Date

Name

Date

FOR CITY USE

___ Approved ___ Denied

Reason for denial _____

License# _____

Date _____

Issued _____

Receipt# _____