

**CITY OF HOUSTON
APPLICATION**

DATE _____

METAL RECYCLER SECONDHAND METAL DEALER SECONDHAND RESELLER

Date of Per-Day Show: from ___/___/___ to ___/___/___, inclusive

PLEASE PRINT

Name of Business _____

Business Address _____
Street Number/Street Name City State Zip Code

Business Telephone _____ Fax Number _____

E-mail address _____

Requested hours of operation: _____ A.M. _____ P.M. Sun Mon Tues Wed Thurs Fri Sat

Federal Tax Identification _____ State Tax Identification _____

The applicant is an Individual Partnership # of Partners Corporation # of Officers

Applicant Name _____ Telephone _____

Residential Address _____
Street Number/Street Name City State Zip
Code

Are you a citizen of the United States? Yes No Driver's License or State ID#

Are you classified as an alien legally residing in the United States? Yes

Work ID/Permit Number _____

Date of Birth _____ Place of Birth _____
Month/Day/Year City State County

List the address of your place of residence during the preceding five years. If you need more space, you may attach additional, numbered pages.

Have you had a license revoked during the preceding one-year period? Yes No

If yes, please explain _____

Have you ever been arrested, charged or convicted for any criminal offense in this state or any other state or country?

Yes No

If you have been arrested or jailed for any criminal offense in this state or any other state or country then please describe the offense for which you were arrested, jailed or imprisoned, the date of the arrest or confinement and the place, court and case number of the case.

Will you store flammable or combustible liquids on the property? Yes No Initials _____

If yes, then attach a copy of your Fire Department permit.

Will any welding or cutting be conducted at this facility? Yes No Initials _____

If yes, then attach a copy of your Fire Department permit.

Is your facility subject to the requirements of the Texas Commission on Environmental Quality (TCEQ) for storm water discharges from industrial facilities? Yes No Initials _____

If yes, then attach a copy of the permit for your facility.

Use this space to describe more details about the type of business activity for which you engage at the location for which you seek this license. Examples: "I use machinery to process metals." or "I only purchase from industrial contractors."

Ordinance revisions since October 7, 2009:

- Secondhand Reseller has replaced Secondhand Dealer as a license classification.
- A copy of the current Certificate of Occupancy must be submitted with this application.
- A surety bond, in the amount of \$10,000.00, is required for each license described above.

I, _____ do hereby state that all matters stated in the application and the accompanying attachments are true and correct. I have provided evidence that I am at least 18 years of age by presenting a valid photographic identification card in the form of a driver's license or state-issued identification card or a United States military identification card. I have provided proof of ownership of the private property or a written statement, as required, of the property owner or authorized agent, granting permission for operation of the business at the proposed location.

This sworn before me this _____ day of _____ 20_____.

Signature of Applicant _____

This space reserved for Notary name, signature and seal

PARTNERSHIP/CORPORATION APPLICANT INFORMATION

Business Name _____

Business Address _____

Corporation Name _____

Corporation Address _____

Position in the company _____

Applicant Name _____ Telephone _____

Residential Address _____
Street Number/Street Name City State Zip Code

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