

CITY OF HOUSTON

Administration & Regulatory Affairs Department

APPLICATION FOR:

_____, 20____

- Antique Dealer** **Precious Metals Dealer** **Resale Media / Clothing Dealer**

Annual Permit: Current Annual Permit and Administrative fees Show Permit: Current Daily Fee(s) (plus Administrative Fee if 5 days or more)

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

The applicant / owner is an: ____ individual; ____ partnership; ____ corporation; or ____ unincorporated association. (Business organizations, both domestic and foreign, must be recognized by the Texas Business Organizations Code ("BOC"), and shall provide full and complete copies of the organization's current registration with this application.)

The Undersigned hereby makes written application for a: _____ license on
(Type of License)

this ____ day of _____, 20____. Said business is to be located at: _____
(Street Number)

_____, Houston, Texas, _____, which will be the
(Street Name, Suite # or Building # if Necessary) (Zip Code)

business address. The business name is: _____ and the business

telephone is: _____. The owner's telephone number is: _____

and the owner's mailing address is: _____
(Street Number) (Street Name, Suite # or Building # if Necessary) (Zip Code)

If a partnership or unincorporated association, provide the name, address and telephone number of the partners or members:

Names of Partners/Members	Business Address (P O Box Not Accepted)	Telephone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If a corporation, provide the corporate mailing address and officers:

Mailing Address: _____
(P.O. Box will not be accepted)

Names of Officers and Directors or Trustees:

In case the license applied for is issued as requested, I (we) hereby agree to conduct the business in strict accordance with the ordinances of the City of Houston. I (we) have not had a license under Chapter 7 of the City Code of Ordinances or any preceding city ordinance governing the business described herein revoked.

Applicant Signature

Printed Name

TX Drivers License or other I.D. Number

Applicant's E-Mail Address

Submit copies of the Certificate of Occupancy and driver's license with the application. Make check payable to: City of Houston. Payment can be mailed to: Administration & Regulatory Affairs Department
P.O. Box 1561; Houston, Texas 77251-1561

ARA - Commercial Permitting & Enforcement Section
Houston Permitting Center - 1002 Washington Ave., 1st Floor

Post Office Box 1561; Houston, TX 77251-1561
(832) 394-8803 (832) 395-9631 fax

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



CITY OF HOUSTON

Dealer Permit Application for:
Antique, Precious Metals, Resale Media / Clothing

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

(a) A license, permit or certificate issued pursuant to any code or ordinance of the city shall not be issued unless the applicant submits with the application the following declaration, pursuant to Texas Civil Practice and Remedies Code section 132.001:

My name is _____, My date of birth is _____
(first, middle and last name), (mm / dd / yyyy)

and My address is _____, and _____
(street, city, state, zip code) (country)

I have personal knowledge of the statements made in the application. None of the statements are misleading or false. I acknowledge that issuance of the license; permit or certificate does not excuse or approve any violation of deed restrictions or city, state, or federal laws or regulations. To the extent that this declaration is made on behalf of a corporation or any other legal entity or persons, I certify that I have fully advised them of the contents of the application and this declaration and that I am authorized to execute this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____
(month) (year)

Declarant _____

Additional Requirements Related only to Crafted Precious Metals Applications

Owner(s) and operator(s) shall consent to and complete state or federal forms that are required to obtain a criminal history report for the owner(s) and operator(s) of a crafted precious metals permit. The license for a crafted precious metals permit may be denied, revoked, suspended or denied for renewal if the owner(s) or operator(s) of the trade (i) have been convicted of a criminal offense(s) within the seven-year period immediately preceding the date of the filing of the application or has spent time in jail or prison during the seven-year period immediately preceding the date of the filing of the application for such a conviction; or (ii) is subject to deferred adjudication in connection with any of the above offenses. Such criminal actions include: any violation of the ordinances or statutes regulating the purchase or sale of crafted precious metals; any offense(s) involving: fraud or misrepresentation, theft, robbery, burglary or forgery; any offense involving a false report to a peace officer, federal special investigator or law enforcement employee as described in Chapter 37 of the Texas Penal Code; any offense involving tampering with or fabricating physical evidence as described in Chapter 37 of the Texas Penal Code; or any offense involving tampering with a governmental record as described in chapter 37 of the Texas Penal Code.

Due to the requirement of the criminal history report, applicants for the Crafted Precious Metals Dealer permit must apply in person.

Acknowledgement

Applicant Signature

DPS Computerized Criminal History (CCH) Verification (Agency Copy)

PLEASE SUBMIT SIGNED COPY WITH YOUR APPLICATION.

I, _____, have been notified that a Computerized Criminal
APPLICANT OR EMPLOYEE NAME (PLEASE PRINT)

History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process, I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with MorphoTrust USA, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$39.75 to the fingerprinting services company, MorphoTrust USA.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history records may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits.)

Signature of Applicant or Employee

Date

COH Regulatory Permitting - ARA

Agency Name (Please Print)

Agency Representative Name (Please Print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ Initial
Purpose of CCH:	

Hire _____ Not Hire _____	_____ Initial
Date Printed:	
_____	_____ Initial
Destroyed Date:	
_____	_____ Initial
Retain in your files.	



CITY OF HOUSTON

Administration & Regulatory Affairs
Department

Annise D. Parker
Mayor

****UPDATED OCTOBER 12, 2015****

Tina Paez
Director
Administration & Regulatory
Affairs Department
P.O. Box 1561
Houston, Texas 77251-1562

T. 832.394.8803
F. 832.395.9632
www.houstontx.gov

FINGERPRINT APPLICATION SERVICES OF TEXAS, F.A.S.T.

Fingerprint services for the permits and license requiring fingerprints through the Administration & Regulatory Affairs Department are conducted through the state of Texas. The Department of Public Safety has entered into an exclusive contract with MorphoTrust USA to provide statewide electronic fingerprints. The goal of the Fingerprint Applicant Services of Texas (F.A.S.T.) program is to provide convenient applicant fingerprinting services throughout the state of Texas. Appointments are available by scheduling online at www.identogo.com or by calling 1-888-467-2080. The cost of this service is \$39.75 for the State and National Criminal History Record Information. You may pay for F.A.S.T. service online with a credit card or onsite with a check or money order. Cash is NOT accepted!

Here is how to get started:

- 1) You must obtain a FAST Pass from the Administration and Regulatory Affairs Department, Commercial Permitting and Transportation Sections. This pass will contain all the necessary instructions and information to schedule your fingerprint appointment.
- 2) You will need to schedule an appointment by logging onto the MorphoTrust USA website, www.identogo.com or by calling 1-888-467-2080.
 - a. If you are scheduling by phone, please request an "Electronic Fingerprint Submission" appointment.
 - b. When scheduling an appointment you will be prompted for the following additional personal data:
 - i. Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color Hair Color, Place of Birth and Home Address.
 - ii. Requested data is required by the Texas Department of Public Safety to process your background check.
- 3) Please complete the necessary fields on the FAST Pass, bring your completed pass and valid State Issued Identification.
 - a. During your fingerprint appointment you will be prompted for Social Security Number and Driver License Number.
 - b. You are also required to have your photograph taken at the time of your appointment.
 - c. Requested data is required by the Texas Department of Public Safety to process your background check.
- 4) Once you have completed your appointment you will be provided with a signed receipt which includes your Tracking Control Number (TCN), please retain this receipt for your records.
- 5) Your fingerprints, demographic information, and photograph will be sent to the Department of Public Safety and the Federal Bureau of Investigation for processing. Criminal History Record Information based upon your submission will be provided to the requesting agency.

If you have any questions regarding the F.A.S.T. processes, please feel free to contact the Fingerprint Services Unit at fingerprint.service@dps.texas.gov or 512-424-2365, Option 6.

