



City of Dallas

### REGULATED PROPERTY DEALER#S LICENSE INSTRUCTIONS FOR APPLICATION

**(FOR OFFICE USE ONLY)**

PERMIT NUMBER: \_\_\_\_\_  
DATE PAID: \_\_\_/\_\_\_/\_\_\_ FEE PAID: \$ \_\_\_\_\_  
INSTRUMENT NUMBER: \_\_\_\_\_  
INSTRUMENT TYPE:  CC  MO  CC  CASH

1. Complete the attached application for license. Please be sure to have your application notarized before forwarding. You may mail the complete application to the Dallas City Hall, City of Dallas Special Collections Office, P. O. Box 139076, Dallas, TX 75313. You may also deliver your application to Dallas City Hall, City of Dallas Special Collections Office, Room 2-D South, 1500 Marilla Street, Dallas, TX 75201. Please include a fee of **\$245.00** for processing.
2. Application requirements are:
  - a. If you do not have a "Certificate of Occupancy" you must make application for one at the City of Dallas Oak Cliff Municipal Building, 320 E. Jefferson, Blvd. Building Inspection office.
  - b. If you have a certificate, place the certificate number in the upper right hand corner of the application in the space provided.
  - c. Payment must be made on any past due taxes, fees, fines, or penalties owed to the City of Dallas by any person (or their spouse) listed on the application for a license.
  - d. If you have an alarm system in your business, you must have and maintain a City of Alarm Permit.
3. The Water Department, Special Collections Office will notify you when your license has been approved. It can be picked up at the Dallas City Hall, City of Dallas Special Collections Office, Room 2-D South, 1500 Marilla Street. If you do not receive notification of the license approval within sixty (60) days, notify the Property Recovery Squad at the telephone number listed below.

It will be your responsibility to keep your license current. Application for renewal should be made a minimum of (30) days prior to the expiration date to allow time for processing.

Please read the copy of the City Ordinance pertaining to your license, along with the other laws attached. If there is any question regarding the ordinance, contact the Property Recovery Squad for clarification. Other questions may be directed to the appropriate number listed below:

Dallas Police Department  
Property Recovery Squad  
1400 S. Lamar Street

- Dallas, TX 75215.....214-670-8320
- Special Collections Office.....214-670-3438
- Building Inspection or Zoning.....214-948-4480
- Alarm Permits.....214-671-4120



**City of Dallas  
Dallas Police Department**

**(FOR OFFICE USE ONLY)**  
Application Received: \_\_\_\_\_  
Application Forwarded: \_\_\_\_\_  
Certificate Number: \_\_\_\_\_

**APPLICATION FOR A CITY OF DALLAS REGULATED PROPERTY DEALER#S LICENSE**

Business Trade Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Person Applying: \_\_\_\_\_ DL#: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Race: \_\_\_\_\_ Sex \_\_\_\_\_ DOB: \_\_\_\_\_

Your Relationship to the business: \_\_\_\_\_

Is this a corporation or joint venture? Yes: \_\_\_\_\_ No:

**If none of the above, furnish the information requested below:**

Owner#s Name: \_\_\_\_\_ DL#: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Race: \_\_\_\_\_ Sex \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Spouse#s Maiden Name: \_\_\_\_\_ DL#: \_\_\_\_\_

Race: \_\_\_\_\_ Sex \_\_\_\_\_ DOB: \_\_\_\_\_

**If this is a corporation or joint venture, furnish the information requested below:**

Corporate or joint venture name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Officers and/or Co-Owners:

1. Name: \_\_\_\_\_ DL#: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Race: \_\_\_\_\_ Sex \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to the business: \_\_\_\_\_

2. Name: \_\_\_\_\_ DL#: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Race: \_\_\_\_\_ Sex \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to the business: \_\_\_\_\_

(List Additional Names on back of this page)

**TO BE COMPLETED BY PERSON APPLYING - PLEASE PRINT OR TYPE**

Manager: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Home Ph: \_\_\_\_\_ DL#: \_\_\_\_\_

List all employees who will be engaged in the act of buying and selling.

1. Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Home Ph: \_\_\_\_\_ DL#: \_\_\_\_\_

2. Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Home Ph: \_\_\_\_\_ DL#: \_\_\_\_\_

3. Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Home Ph: \_\_\_\_\_ DL#: \_\_\_\_\_

(List on back of application if more room is needed)

You are being given a copy of your responsibilities in obtaining this license. If you have not received your license within sixty (60) days, it is your responsibility to contact us as to why your license has not been issued.

The Building Inspector's office requires the name and telephone number of a person whom they should contact for their inspection:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you, your spouse, or any person or their spouse listed on this application has ever been arrested for other than minor traffic violations, furnish the information requested below for all arrests. (Use the back of this application if more space is necessary)

1. Name: \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_ Year: \_\_\_\_\_

2. Name: \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_ Year: \_\_\_\_\_

3. Name: \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_ Year: \_\_\_\_\_

Is any person or their spouse listed on this application overdue in payments to the City for taxes, fees, fines, or penalties? No

If you sublease, give the name, and address of the owner of the building.

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Has any person listed on this application been denied or had revoked any City or State license within the proceeding twelve (12) months? \_\_\_\_\_

If yes, give the name of the person, the name of the business, and the address when the license was revoked or denied.

Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

**It is understood that the fee for the license is \$245.00 per year.**

Signature: \_\_\_\_\_

SIGNATURE MUST BE OWNER, PARTNER, OR CORPORATE OFFICER

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STATE OF TEXAS, COUNTY OF DALLAS:      BEFORE ME, the undersigned authority, on this day personally appeared: \_\_\_\_\_

who being by me first sworn, deposes and says that he/she has carefully read the foregoing application and that all the facts and statements made are true and correct.

SUBSCRIBED AND SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D. 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(seal)