



LONGVIEW POLICE DEPARTMENT
P.O. BOX 1952
LONGVIEW, TEXAS 75606-1952
(903) 237-1199
(903) 757-5560 FAX

OFFICE USE ONLY
DATE RECEIVED IN RECORDS: _____ BY: _____
FEE PAID: _____ DATE _____

APPLICATION FOR METAL RECYCLING LICENSE
LONGVIEW CITY ORDINANCE NO. 3684
Fee: \$50.00

THIS APPLICATION FOR (PLEASE CHECK ONE): NEW LICENSE LICENSE RENEWAL

ATTACH ADDITIONAL PAGES IF MORE ROOM IS NEEDED FOR ANSWERS

APPLICANT INFORMATION:

FULL NAME OF APPLICANT: _____
LAST FIRST MIDDLE

OTHERS NAMES USED (MAIDEN NAME, OTHER MARRIED NAMES): _____

RESIDENT ADDRESS: _____

RESIDENT PHONE: _____ DRIVER'S LICENSE NUMBER: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

ARE YOU A UNITED STATES CITIZEN? YES NO

ARE YOU AN ALIEN LEGALLY RESIDING IN THE UNITED STATES? YES NO

LIST ALL ADDRESSES WHERE YOU HAVE RESIDED IN THE LAST FIVE (5) YEARS IMMEDIATELY PRECEDING THIS APPLICATION:

HAVE YOU EVER BEEN ARRESTED, CHARGED OR CONVICTED FOR ANY CRIMINAL OFFENCE IN THIS STATE OR ANY OTHER STATE OR COUNTRY. YES NO

IF YES, LIST THE OFFENSE/OFFENSES, WHETHER YOU WERE ARRESTED, CHARGED OR CONVICTED, THE DATE/DATES OF CONFINEMENT, THE PLACE, COURT AND CASE NUMBER OF THE CASE.

BUSINESS INFORMATION:

NAME OF BUSINESS: _____

ADDRESS AT WHICH APPLICANT WILL OPERATE BUSINESS AND MAINTAIN RECORDS: _____

REGULAR DAYS AND HOURS OF OPERATION: _____

BUSINESS PHONE NUMBER: _____ FEDERAL TAX ID NUMBER: _____

IF APPLICANT IS A PARTNERSHIP (ANSWER THIS SECTION IF THE BUSINESS IS A PARTNERSHIP):

FULL NAME, RESIDENT ADDRESS, RESIDENT PHONE NUMBER OF EACH PARTNER:

HAVE YOU OR ANY PARTNER TO THIS BUSINESS HAD A LICENSE GOVERNING THE BUSINESS DESCRIBED IN THE METAL RECYCLING ENTITIES ORDINANCE REVOKED? YES NO

HAS ANY PARTNER TO THIS BUSINESS EVER BEEN ARRESTED, CHARGED OR CONVICTED FOR ANY CRIMINAL OFFENCE IN THIS STATE OR ANY OTHER STATE OR COUNTRY. YES NO

IF YES, LIST THE NAME OF EACH PARTNER, THE OFFENSE/OFFENSES, WHETHER HE/SHE WAS ARRESTED, CHARGED OR CONVICTED, THE DATE/DATES OF CONFINEMENT, AND THE PLACE, COURT AND CASE NUMBER OF THE CASE.

IF APPLICANT IS A CORPORATION OR LIMITED LIABILITY COMPANY (ANSWER THIS SECTION IF THE BUSINESS IS A CORPORATION LIMITED LIABILITY COMPANY):

FULL NAME, RESIDENT ADDRESS, RESIDENT PHONE NUMBER OF EACH OFFICER AND/OR DIRECTOR:

HAVE YOU OR ANY OFFICER AND/OR DIRECTOR FOR THIS BUSINESS HAD A LICENSE GOVERNING THE BUSINESS DESCRIBED IN THE METAL RECYCLING ENTITIES ORDINANCE REVOKED? ____ YES ____ NO

HAS ANY OFFICER AND/OR DIRECTOR FOR THIS BUSINESS EVER BEEN ARRESTED, CHARGED OR CONVICTED FOR ANY CRIMINAL OFFENCE IN THIS STATE OR ANY OTHER STATE OR COUNTRY. ____ YES ____ NO

IF YES, LIST THE NAME OF EACH OFFICER AND/OR DIRECTOR, OFFENSE/OFFENSES, WHETHER HE/SHE WAS ARRESTED, CHARGED OR CONVICTED, THE DATE/DATES OF CONFINEMENT, AND THE PLACE, COURT AND CASE NUMBER OF THE CASE.

ATTACH PROOF OF OWNERSHIP OR A WRITTEN STATEMENT INCLUDING THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE PROPERTY OWNER, OR AUTHORIZED AGENT GRANTING PERMISSION FOR OPERATION OF THE BUSINESS AT THE PROPOSED LOCATION WHERE THE BUSINESS WILL BE OPERATED. IF THE PROPERTY OWNER IS A PARTNERSHIP OR CORPORATION THE STATEMENT SHALL INCLUDE THE NAME, ADDRESS, AND THE TELEPHONE NUMBER OF ONE OF THE PARTNERS OR ONE OF THE PRINCIPALS.

I, THE UNDERSIGNED, UNDERSTAND THAT A BACKGROUND INVESTIGATION WILL BE CONDUCTED TO ESTABLISH MY ELIGIBILITY FOR THIS LICENSE.

I, THE UNDERSIGNED, UPON OATH STATE THAT ALL ANSWERS ON THIS APPLICATION ARE TRUE AND CORRECT. I AM AWARE THAT ANY FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL OF THIS LICENSE OR REVOCATION OF LICENSE.

APPLICANT SIGNATURE

DATE

STATE OF TEXAS §
COUNTY OF GREGG §

BEFORE ME, A NOTARY PUBLIC, ON THIS DAY PERSONALLY APPEARED _____,
KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING DOCUMENT AND, BEING BY
ME FIRST DULY SWORN, DECLARED THAT THE STATEMENTS THEREIN CONTAINED ARE TRUE AND CORRECT.

SIGNED THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS
MY COMMISSION EXPIRES: _____

ONCE APPLICATION IS COMPLETE, PLEASE INCLUDE A COLOR COPY OF THE APPLICANTS DRIVERS LICENSE ALONG WITH ANY OTHER REQUIRED DOCUMENTS AND MAIL TO THE ADDRESS LISTED BELOW ALONG WITH THE APPLICATION FEE. ONCE PROCESSED YOUR PERMIT WILL BE MAILED TO THE ADDRESS LISTED ON THIS APPLICATION.

LONGVIEW POLICE DEPARTMENT
ATTN: RECORDS DEPT
P.O. BOX 1952
LONGVIEW, TEXAS 75606