

Expires Year To Date
Fee \$50.00 per year

For Office Use Only

Customer Number _____
C of O _____

SECOND HAND LICENSE APPLICATION
Sections 66-56 – Sections 66-65

CONFIDENTIAL

Business Name: _____

Business Address: _____

Business Phone: _____ Fax Number: _____

Articles to be Bought or Sold: _____

Owner's Name: _____

Home Address: _____

City, State & Zip: _____

Home Phone: _____ Emergency Number: _____

I affirm that the above information is true and complete to the best of my knowledge and belief.

Signature of Applicant

Date

***Please include copy of owners Drivers License**