

Expires Year To Date  
Fee \$200.00 per year

<b>For Office Use Only</b> Customer Number _____ C of O _____
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**USED CAR LOT LICENSE APPLICATION**  
Article IX Sections. 26-241 – 26-252

**CONFIDENTIAL**

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

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

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Owner/Manager Name: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Corporate/Billing Address: \_\_\_\_\_  
\_\_\_\_\_

**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 current Driver's License**