



CITY OF THE DALLES

313 COURT STREET
THE DALLES, OREGON 97058

(541) 296-5481 ext. 1122
FAX (541) 296-6906

APPLICATION FOR SECONDHAND DEALER LICENSE

This application is required by General Ordinance 12-1317

Please print legibly.

When completed and signed, please submit all three (3) pages to the Finance Department at City Hall, 313 Court Street, The Dalles, OR 97058, along with a non-refundable \$10.00 investigation fee. If your business anticipates using any type of signage, please contact the Community Development Department regarding a sign permit. Your application will be reviewed and you will be notified in writing of the City's decision within ten (10) business days.

Applicant information:

1. Applicant full name: _____

2. Applicant Mailing address: _____

3. Social Security No. _____ Date of Birth: _____

4. Driver's license No. _____ State _____

Note: Applicant is required to provide a current photo identification.

5. Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

6. Have you or any other person who helps own, manage or operate the secondhand dealer business ever been engaged in a similar business? ____ Yes ____ No.

If the answer is Yes, please provide information concerning the location of the similar secondhand dealer business, and the dates of operation of that business

7. Has any permit similar to the one which the Applicant is seeking pursuant to this Application been issued to the Applicant or to any person who helps own, manage or operate the secondhand business? ____ Yes ____ No.

If the answer is Yes, please provide information as to the entity which issued the permit, and when the permit was issued.

8. If the permit referred to in item #7 above was ever suspended or revoked, please provide information as to who suspended or revoked the permit; when that action was taken, and the reasons for such suspension or revocation. Attach additional sheets if necessary to provide a response to the requested information.

9. Have you or any other person who helps own, manage or operate the secondhand business been convicted with 15 years of the date of the Application or any misdemeanor or felony? _____ Yes _____ No.

If yes, please provide information concerning the date and place of conviction.

Company Information:

1. Company or Employer Name: _____

2. Address of location where business will be conducted: _____

3. Company Mailing Address (if different from business address): _____

4. Phone: _____ FAX: _____
Email: _____

I hereby certify that the information contained in this application is complete, true and correct to the best of my knowledge.

Applicant signature Date

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*******FOR OFFICE USE ONLY*******

DO NOT WRITE BELOW THIS LINE ON THIS PAGE

The information on this application has been reviewed by The Dalles Police Department. It is recommended that this application: (please circle one) Be approved. Be denied.

Chief of Police or Authorized Designee Date

The information on this application has been reviewed by the Community Development Dept. It is recommended that this application: (please circle one) Be approved. Be denied.

Community Development Director or Authorized Designee Date

Investigation Fee Paid: \$10.00 Date: _____

License Fee Paid: \$_____ License No. Issued _____ Date: _____

Letter of Denial sent to Applicant - Date: _____