

# City of Hood River

## APPLICATION FOR USED ARTICLE DEALERS LICENSE

Annual Fee - \$36 Non profit (Non-Refundable)

Annual Fee - \$36 For profit (Non-Refundable)

HRMC 5.24

*All annual licenses expire on December 31<sup>st</sup>*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address (home) \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

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

DL#: \_\_\_\_\_ DOB: \_\_\_\_\_

Previous addresses (past three years) \_\_\_\_\_

\_\_\_\_\_

List all names previously used: \_\_\_\_\_

Business \_\_\_\_\_

Name \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Owner(s) \_\_\_\_\_

Have you ever been convicted of a felony crime or an offense involving theft, deception, moral turpitude or a dangerous drug? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details as to charge, court and date \_\_\_\_\_

\_\_\_\_\_

Type of Merchandise to be sold\* \_\_\_\_\_

\_\_\_\_\_

**\*If selling firearms, submit copies of all federal and state permits secured.**

If business is a corporation, list names and addresses of three largest stockholders:

Full Name *(list all names previously used)* \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name *(list all names previously used)* \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name *(list all names previously used)* \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ DOB: \_\_\_\_\_

If business is a partnership, list names and addresses of partner(s):

Full Name *(list all names previously used)* \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name *(list all names previously used)* \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ DOB: \_\_\_\_\_

List names and addresses of all employees:

Full Name *(list all names previously used)* \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name *(list all names previously used)* \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name *(list all names previously used)* \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ DOB: \_\_\_\_\_

(Use additional sheets for any information needed)

SIGNATURE(S): (all owners must sign)

**By signing this application I am stating that I have read it in its entirety and agree to comply with all applicable ordinances, resolutions and policies of the City of Hood River.** I certify that all information given on this application, and any supporting information, is true and complete. I hereby authorize the City of Hood River to make all necessary contacts and/or inquiries needed to check my background to ensure I qualify for this permit. I also hereby authorize the City of Hood River to conduct a criminal background check and obtain a copy of my criminal record, if any. All references are authorized to release to the City of Hood River all information requested which they might have about me. I hereby release all references and the City of Hood River from any liability which might be claimed because of information provided by such references or background checks."

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date



**FOR CITY USE**

\_\_\_ Approved \_\_\_ Denied  
Reason for denial \_\_\_\_\_  
License# \_\_\_\_\_ Date Issued \_\_\_\_\_  
Receipt# \_\_\_\_\_