



SECONDHAND LICENSE APPLICATION

Business Name:	Business Location & Mailing Address:
Business Phone:	Email:
Person Responsible:	Home Address:
Date of Birth:	Drivers License & Issuing State:
Emergency Contact:	Emergency Phone:
Describe nature of business and goods to be sold:	
Indicate Hours of Operation For Each Business Day:	
I hearby swear that the above information is true and accurate to the best of my ability.	
Signature of Applicant: _____ Date: _____	
Planning Approval:	Police Dept. Approval:
Admin. Approval:	City Council Approval:
License Mailed:	Valid From: