



**CITY OF PASADENA PUBLIC HEALTH DEPARTMENT**

P. O. BOX 672  
PASADENA, TEXAS 77501 (713) 475-5529

**OFFICE USE ONLY**

BUSINESS # \_\_\_\_\_  
LICENSE # \_\_\_\_\_  
RECEIPT # \_\_\_\_\_

PERMITTED  
YEAR \_\_\_\_\_

**PRECIOUS METALS DEALER PERMIT APPLICATION**

PERMIT FEE \$150.00

**PERMIT FEE IS NON-REFUNDABLE**

NAME OF ESTABLISHMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_ EMERGENCY PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SALES TAX #: \_\_\_\_\_ HOURS OF OPERATION \_\_\_\_\_

EACH OWNER, MANAGER & OPERATOR \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMERGENCY PHONE #: \_\_\_\_\_

OWNER: CORPORATION \_\_\_\_\_ INDEPENDENT \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INCORPORATION \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

*\*If any owner or operator is a corporation, all officers of the corporation are to be named; and if there are fewer than five shareholders, name all shareholders. If any owner or operator is a partnership, state the type of partnership and names and addresses of all general partners. If any owner or operator is an unincorporated association, the names and addresses of all officers shall be named.*

**THE FOLLOWING APPLIES TO NEW ESTABLISHMENTS OR A CHANGE OF OWNERSHIP:**

\_\_\_\_\_ Attach an affidavit, sworn to by the applicant, that neither he nor any business partner, nor, in the case of a corporation, any corporate officer, has had a license revoked under this chapter or any preceding city ordinance governing the business herein.

I certify that all information in this application is true. I understand that the permit issued is non-transferable, and that the permit remains the property of the City of Pasadena Health Department, and is subject to revocation if the establishment fails to comply with applicable city ordinances or state laws.

DATE: \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_

Date received: \_\_\_\_\_  
Amount received: \_\_\_\_\_  
Permit number: \_\_\_\_\_

Approved: \_\_\_\_\_  
Disapproved: \_\_\_\_\_  
Date issued: \_\_\_\_\_

*\*The City of Pasadena, Texas does not discriminate on the basis of race, color, national origin, sex, religion, age, or the handicapped status in employment or the provision of services.\**

**\*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED\***