

# AUTO DEALER APPLICATION

Name of business: \_\_\_\_\_

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

Phone # \_\_\_\_\_ Contact Person: \_\_\_\_\_

Do you OWN \_\_\_\_\_ or LEASE \_\_\_\_\_ property? If yes, please attach a copy of the lease agreement. Owners name: \_\_\_\_\_

Owners address: \_\_\_\_\_

Owners Phone #: \_\_\_\_\_

Is the applicant currently in business in the City of Pasadena? \_\_\_\_\_ If yes, complete the following:

Number of years in Pasadena \_\_\_\_\_

State Dealers License Number \_\_\_\_\_

Applicant's principle address: \_\_\_\_\_

Names, locations and branch establishments, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and type of business that applicant had been engaged in during the five years preceding this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of motor vehicle business: \_\_\_\_\_ Qty of vehicles \_\_\_\_\_

New \_\_\_\_\_ Used \_\_\_\_\_ New and Used \_\_\_\_\_ Other \_\_\_\_\_

If other, please explain \_\_\_\_\_

Method of vehicle distribution:

Retail \_\_\_\_\_ Wholesale \_\_\_\_\_ Other \_\_\_\_\_

If other, please explain \_\_\_\_\_

Name of bank this business will use: \_\_\_\_\_

Name of banks you have done business with in the past:

\_\_\_\_\_  
\_\_\_\_\_

If you have a finance company, please give the name and address, \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor or subjected to a deferred adjudication on felony charge \_\_\_\_\_ YES \_\_\_\_\_ NO

If your answer is "YES", explain in detail on a separate piece of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A CONVICTION MAY NOT DISQUALIFY YOU, BUT A FALSE STATEMENT WILL!

Motor vehicle dealer business ownership is:

Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

The following information about EACH owner is required to be attached to this application:

Full Name \_\_\_\_\_ Home Address \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Attach a photograph

If corporation, copy of charter(s) and /or permit(s) to do business (certified by Secretary of State of Texas), the names and address of principle and /or local officers of this corporation.

Does applicant owe any delinquent taxes to this city? If so, give year and amount:

Year(s) \_\_\_\_\_ / Amount due \$ \_\_\_\_\_

Does applicant agree, if requested, to file his fingerprints with this city?

Yes \_\_\_\_\_ / No \_\_\_\_\_

**\*\*PLEASE READ ATTACHED ORDINANCE FOR RULES AND REGULATIONS\*\***

Applicant understands that this license is non-transferable to another person, and; if the business location is changed, applicant must return current license to the Permit Department and request amended license to be filed.

I hereby certify that all statements in this application are true and complete, and that any false information or misrepresentation will be grounds for rejection of this application.

\_\_\_\_\_  
APPLICANT SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME, THE UNDERSIGNED AUTHORITY,  
ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ YEAR \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, HARRIS COUNTY, TEXAS

POLICE DEPARTMENT ACTION (SECT. 22-26)

Based upon our investigation and review of this application, we find that the applicant:

\_\_\_\_\_ Does meet the requirements set out in Sect 22-26 of the City of Pasadena Code Of Ordinances.  
\_\_\_\_\_ Does not meet the requirements set out in Sect 22-26 of the City of Pasadena Code of Ordinances.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DATE INVESTIGATING OFFICER

\_\_\_\_\_  
DATE POLICE CHIEF

.....

PERMIT DEPARTMENT FOLLOW-UP (SECTION 22.27-28)

APPROVED: \_\_\_\_\_  
DENIED: \_\_\_\_\_  
REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By \_\_\_\_\_  
MICHELE JANNISE, BUILDING OFFICIAL

\_\_\_\_\_  
NOTICE OF DENIAL SENT BY DATE NOTICE OF DENIAL SENT:  
(Attach Certified Notice to application)  
DATE NOTICE OF APPEAL  
RECEIVED \_\_\_/\_\_\_/\_\_\_/ DATE OF HEARING \_\_\_/\_\_\_/\_\_\_/

RESULTS OF HEARING

\_\_\_\_\_  
Based upon the official action of the Automobile Advisory Committee, The application will be:  
ISSUED \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_/ DENIED \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_/

\_\_\_\_\_

**DPS Computerized Criminal History (CCH) Verification  
(AGENCY COPY)**

I, \_\_\_\_\_, acknowledge that a Computerized Criminal  
APPLICANT or EMPLOYEE NAME (Please print)  
History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure  
Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority  
for this agency to access an individual's criminal history data may be found in Texas Government Code  
411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent  
true identification to criminal history, therefore the organization conducting the criminal history check is  
not allowed to discuss with me any criminal history record information obtained using this method. The  
agency may request that I have a fingerprint search performed to clear any misidentification based on  
the result of the name and DOB search. Once this process is completed the information on my  
fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant  
Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of  
Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and  
complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to  
the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH:	_____
Empl ___ Vol/Contractor ___	_____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
<b>Retain in your files</b>	