



METAL PERMIT APPLICATION

Non-Refundable Fee

1st Year Fee - \$25.00

Renewable each year \$25.00

Fee if permit lapses \$50.00

(Picture ID required to process application)

APPLICATION IS HEREBY MADE FOR METAL DEALERS/BUYERS PERMIT TO TRANSACT BUSINESS IN ABILENE, TEXAS.

Date: _____

Type of Permit: Metal and Precious Metal Permit **Type of Purchase/Sale:** Consignment Store Regulated Metal Precious Metal Buyer

Description of activity or business to be conducted:

Name of Business or Organization: _____

Name of Applicant: _____ Telephone: _____

Business Address: _____ City/State: _____ Zip Code: _____

Email Address: _____

Sales Tax Permit #: _____

TX DL# _____

Denial of Permit may be based on one of the following:

- 1) An investigation reveals that the applicant falsified information on this application
- 2) Permit for same business has been revoked within the past 6 months
- 3) The applicant has been convicted within the previous five years of felony offense under Chapter 30 through 32 of the Texas Penal Code as amended and is not clear of community supervision or parole for the last five years.

I hereby certify that I have read and fully understand the forgoing application for a Metal permit. There are no willful omissions, misrepresentations, or falsification in the information provided.

Signature of Applicant

Date

Sworn to and subscribed before me this _____ day of _____ 20____.

Notary Public (seal)

Please read:

Applicant

Denial of Application may be based on one of the following:

1. Applications for license that are incomplete under Chapter 31 of the Abilene City code shall be denied by the City Secretary.
2. The Chief of Police shall recommend disapproval of an application if the applicant's past criminal history, including known criminal investigations, includes felony or misdemeanor charges that relates to the conduct of the operator's business or results from an assault against person.

RELEASE FOR APPLICANT CRIMINAL RECORDS CHECK:

I, the undersigned, do hereby request and specifically authorize you to release to the City of Abilene, any and all information you have regarding any arrest and/or convictions. I am fully aware of the fact that this information will be used in conducting a background investigation and local wanted and records check. I hereby release the City of Abilene, the Abilene Police Department, its agents and employees from any and all liability and/or damage which may result from the furnishing of any local records check information.

Have you been convicted of a felony? Yes _____ No _____

PRINT FULL NAME _____ DATE OF BIRTH _____

Signature: _____ Date: _____

Current Address: _____ City, State, And Zip: _____

Cell Number _____

Company/Organization: _____

City of Abilene Use Only			
DPS - Criminal History Date run: _____	Passed	Failed	Initials _____
Police Department: Approved	Disapproved	Initials _____	
Driver Permit # _____	Fee Rec'd: _____	Transaction # _____	
Issue Date: _____	Expiration Date _____		