



METAL PERMIT APPLICATION

Non-Refundable Fee

One Year Permit Fee - \$25.00

Five Year Permit Fee - \$125.00

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:

Type of Purchase/Sale:

☐ Metal and Precious Metal Permit ☐ Consignment Store ☐ Regulated Metal ☐ Precious Metal Buyer

Description of activity or business to be conducted:

Name of Business or Organization: _____

Name of Applicant: _____

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

Email Address: _____

Sales Tax Permit #: _____

Texas Drivers License #: _____

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- 2) Permit for same business has been revoked within the past 6 months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:

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

1. (a) Because of a person's conviction of a felony or misdemeanor if the crime directly relates to the conduct of a peddler's business or results from an assault against person.
2. (b) An investigation reveals that the applicant falsified information on the application.
3. (c) The applicant is a registered sex offender.
4. (d) The applicant has had a permit revoked for any reason within the past three years.

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: _____

