



# METAL PERMIT APPLICATION

## Non-Refundable Fee

1<sup>st</sup> 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- 2) Permit for same business has been revoked within the past 6 months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\_\_\_\_.

(seal)

\_\_\_\_\_  
Licensing Officer

Applications must be complete and with required supporting documents prior to being considered for processing by the Office of the City Secretary.

City of Abilene, Office of City Secretary, PO Box 60, Abilene, TX 79604

**OFFICE USE ONLY**

DATE RECEIVED		AMOUNT RECEIVED	\$
PERMIT NO.		RECEIPT NO.	
PERMIT EXPIRATION		ANNUAL PERMIT	
APPROVED _____	DENIED _____		

**RELEASE FOR METAL PERMIT CRIMINAL RECORDS CHECK:**

I, the undersigned, do hereby request and specifically authorize you to release to the Abilene Police Department, 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 pursuant to issuing a solicitor permit. 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.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
DATE OF BIRTH