



MIKE SULLIVAN

Tax Assessor-Collector

Application for Motor Vehicle Title Service License

Application for Runner License

Application is filed for: Original Renewal

Application is filed by: Individual Partnership Limited Partnership

Limited Liability Partnership Corporation Limited Liability Corporation

Are you a citizen of the United States of America? YES NO

If you are not a citizen of the U.S., are you a legal resident? YES NO

If a non-citizen legal resident, what is your number?

PLEASE ATTACH PHOTO OF BUILDING WHERE BUSINESS IS PHYSICALLY LOCATED.



Submitted by: _____

Date: _____



Trade Name of Business (Attach copy of Articles of Incorporation or Assumed Name Certificate showing trade name.)			
Business Headquarters Address (Physical Address of each office from which the applicant will conduct business.)			
City	State	Zip Code	County
Mailing Address		City	State
		Zip Code	
Area Code + Business Telephone Number		Area Code + Alternate Telephone Number	
Full Legal Name of Applicant (First, Middle, Last)			Date of Birth (MM/DD/YY)
Social Security Number		Texas Driver's License Number	
Federal Tax I.D. Number		State Sales Tax Number	
Applicants Residential Address (Physical Address)			
City	State	Zip Code	County
Applicants Email Address: _____			

Received by: _____

Date: _____

Have you ever applied for this type of license before? YES NO

If yes, were you granted a license? _____

Have you ever had a Motor Vehicle Title Service License or Runner License revoked or suspended? YES NO

If applicant is a corporation or limited liability company, enter the following information:

Entity Name: _____

Employer's Federal I. D. Number: _____

Charter Number: _____ Date Approved: _____ State: _____

In spaces below, please list names of individuals and entities holding ownership in this business. Attach additional pages if necessary to list all owners.

Full Legal Name (First, Middle, Last)		Date of Birth (MM/DD/YY)	Title
Social Security Number		Texas Driver's License Number	
Residential Address (Physical Address)			
City	State	Zip Code	County
Full Legal Name (First, Middle, Last)		Date of Birth (MM/DD/YY)	Title
Social Security Number		Texas Driver's License Number	
Residential Address (Physical Address)			
City	State	Zip Code	County
Full Legal Name (First, Middle, Last)		Date of Birth (MM/DD/YY)	Title
Social Security Number		Texas Driver's License Number	
Residential Address (Physical Address)			
City	State	Zip Code	County

Submitted by: _____ Date: _____

Received by: _____ Date: _____

Full Legal Name (First, Middle, Last)		Date of Birth (MM/DD/YY)	Title
Social Security Number		Texas Driver's License Number	
Residential Address (Physical Address)			
City	State	Zip Code	County

Has any employee, officer, or director of this business ever been refused a motor vehicle title service license or had a motor vehicle title service license revoked or suspended?
 YES NO

Is anyone listed on this application currently or within the past 5 years under the supervision of the court through deferred adjudication, probation, or parole for a felony offense or a crime of moral turpitude? YES NO

Has any person named on this application been finally convicted for any felony offense or any offense involving moral turpitude? YES NO
 If yes, give the date of completion of sentence: _____

Do you or anyone listed on this application owe the county any tax, fine, or fee?
 YES NO

If yes, you may not be eligible to conduct business with Harris County until cleared.

In spaces below, please list the banks, addresses, and account numbers to be used in connection with your proposed business. Attach additional pages if necessary.

Bank Name	Account Number
Bank Contact Person	Contact Number
Bank Name	Account Number
Bank Contact Person	Contact Number
Bank Name	Account Number
Bank Contact Person	Contact Number
Bank Name	Account Number
Bank Contact Person	Contact Number

I swear and affirm that all the information I have provided in this application is true and accurate to the best of my knowledge. By signing this document, I willfully give permission for Harris County Tax Office and local law enforcement agencies to conduct a criminal background check.

Applicant Signature: _____ Date: _____

Received by: _____ Date: _____

FOR OFFICIAL USE ONLY
(Applicant: DO NOT WRITE ON THIS PAGE.)

Criminal History Checklist

Driver's License/I.D. History: See Attached Clear

Local History: See Attached Clear

Wanted:

TCIC/NCIC: See Attached Clear

TCIC/NCIC
CCH

State:_____ City:_____ County:_____

Location:_____

Charge:_____

Charge Date:_____ Conviction Date:_____

Sentence:_____

Comments:_____

