

Secondhand Textbook Dealer Application

License Applicant

Name of Corporation, LLC, Partnership, or Sole Proprietor _____

Doing Business As _____

Street Address of Business _____

Mailing Address _____

City _____

State _____

Zip Code _____

Local Contact Person _____

Phone Number _____

Name of Registered Agent _____

State Seller's Permit Number _____

List all Owner(s), Officers, Directors, Members, and/or Partners

Name	Title	Street Address	City	State	Sex	Race	Date of Birth
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Convicted of a felony within last 10 years No Yes
 Within the last 5 years, convicted of any of the following:
 Misdemeanor No Yes
 Statutory violation punishable by forfeiture No Yes
 County or municipal ordinance violation No Yes

For each "yes" response, provide year of arrest, nature of offense, and conviction information.

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Penalty Notice

I understand that this license may be denied to revoked for fraud, misrepresentation or false statement contained in the application or for any violation of State Statutes 134.71, 943.34, or 948.63.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the Clerk within ten (10) days of any change in the information supplied in this application.

Signature of Applicant _____ Date _____

508 License # _____