



# Secondhand Textbook Dealer Application

<b>License Applicant</b>			
Name of Corporation, LLC, Partnership, or Sole Proprietor		Doing Business As	
Street Address of Business		State Seller's Permit Number	
Mailing Address		City	State      Zip Code
Local Contact Person	Phone Number	Contact Email	Name of Registered Agent

<b>List <u>all</u> Owner(s), Managers, Officers, Directors, Members, and/or Partners</b>						
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First Name	Middle Initial	Last Name	Title	Sex	Race	Date of Birth
Street Address			City	State	Zip Code	
Convicted of a felony within last 10 years <input type="checkbox"/> No <input type="checkbox"/> Yes Within the last 5 years, convicted of any of the following: Misdemeanor <input type="checkbox"/> No <input type="checkbox"/> Yes Statutory violation punishable by forfeiture <input type="checkbox"/> No <input type="checkbox"/> Yes County or municipal ordinance violation <input type="checkbox"/> No <input type="checkbox"/> Yes			For each "yes" response, provide year of arrest, nature of offense, and conviction information.			

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<b>Penalty Notice</b>						
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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 # \_\_\_\_\_