



DO NOT WRITE IN THIS SPACE	
LICENSE NO.	_____
APPROVED	DATE
ISSUED	DATE
DENIED	DATE

**APPLICATION FOR
CREDIT ACCESS BUSINESS
CERTIFICATE OF REGISTRATION**

LONGVIEW CITY ORDINANCE
CHAPTER 20 BUSINESS REGULATIONS
\$20 FEE FOR NEW LICENSE OR LICENSE RENEWAL

NEW LICENSE

LICENSE RENEWAL

FOR LICENSE RENEWALS ONLY PLEASE INDICATE CURRENT LICENSE NUMBER AND EXPIRATION DATE

LICENSE NUMBER: _____ EXPIRATION DATE OF LICENSE: _____

NAME OF APPLICANT: _____

STREET ADDRESS: _____
ADDRESS CITY STATE ZIP

MAILING ADDRESS: _____
ADDRESS CITY STATE ZIP

PHONE NUMBER: _____ FACSIMILE NUMBER: _____

NAME OF BUSINESS UNDER WHICH APPLICANT WILL OPERATE:

ADDRESS AT WHICH APPLICANT WILL OPERATE AND MAINTAIN RECORDS:

_____ ADDRESS CITY STATE ZIP

BUSINESS PHONE: _____ FACSIMILE NUMBER: _____

MAILING ADDRESS: _____

HAVE YOU EVER ENGAGED IN BUSINESS UNDER AN ASSUMED NAME?

YES NO

IF YES, LIST NAME(S) _____

OTHER OWNERS OF CREDIT ACCESS BUSINESSES

1. NAME: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____
TELEPHONE NUMBER: _____
INTEREST IN CREDITED BUSINESS: _____

2. NAME: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____
TELEPHONE NUMBER: _____
INTEREST IN CREDITED BUSINESS: _____

3. NAME: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____
TELEPHONE NUMBER: _____
INTEREST IN CREDITED BUSINESS: _____

4. NAME: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____
TELEPHONE NUMBER: _____
INTEREST IN CREDITED BUSINESS: _____

5. NAME: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____
TELEPHONE NUMBER: _____
INTEREST IN CREDITED BUSINESS: _____

I, THE UNDERSIGNED, UNDERSTAND THAT A BACKGROUND INVESTIGATION WILL BE CONDUCTED TO ESTABLISH MY ELIGIBILITY FOR THIS LICENSE.

I, THE UNDERSIGNED, UPON OATH STATE THAT ALL ANSWERS ON THIS APPLICATION ARE TRUE AND COMPLETE, AND I AM AWARE THAT ANY FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL OF THIS LICENSE OR REVOCATION OF LICENSE.

APPLICANT SIGNATURE

DATE

STATE OF TEXAS
COUNTY OF GREGG

SUBSCRIBED AND SWORN TO BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, ON THIS ____
DAY OF _____, 20__.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

ITEMS REQUIRED WITH APPLICATION

COPY OF PHOTO ID
VALID CERTIFICATE OF OCCUPANCY
VALID CREDIT ACCESS BUSINESS STATE LICENSE
NON-REFUNDABLE APPLICATION FEE

ONCE APPLICATION IS COMPLETE, PLEASE INCLUDE A COLOR COPY OF THE APPLICANTS DRIVERS LICENSE ALONG WITH ANY OTHER REQUIRED DOCUMENTS AND MAIL TO THE ADDRESS LISTED BELOW ALONG WITH THE APPLICATION FEE. ONCE PROCESSED YOUR PERMIT WILL BE MAILED TO THE ADDRESS LISTED ON THIS APPLICATION.

LONGVIEW POLICE DEPARTMENT
ATTN: RECORDS DEPT
P.O. BOX 1952
LONGVIEW, TEXAS 75606