

**KNOXVILLE POLICE DEPARTMENT
DEALER LICENSE**

(To be filed with the Inspections Unit, Knoxville Police Department, 800 Howard Baker Jr. Avenue, Knoxville, TN 37915)

Date of Application: _____

Company Name: _____

Company Address: _____
Street City State Zip

Company Phone No.: _____

Are you an Individual Owner? Yes No

Are you a Partnership? Yes No *If yes, what type of partnership?* _____

Are you a Corporation? Yes No *If yes, what type of corporation?* _____

Fill in all information below concerning owners, president, partners, officers *(use additional sheets, if necessary)*

1. Name _____ Date of Birth _____

Social Security No. _____ Drivers License No. _____ State _____

Home Address _____
Street City State Zip

Position in Business _____

2. Name _____ Date of Birth _____

Social Security No. _____ Drivers License No. _____ State _____

Home Address _____
Street City State Zip

Position in Business _____

Has the applicant or any of applicant's partners or corporate officers been convicted in any jurisdiction of a felony or misdemeanor? Yes No *(If yes, describe)* : _____

The following items shall be attached to this application upon submittal:

- City of Knoxville Business License
- If company is a corporation, LLC, limited partnership or a limited liability partnership, provide a copy of the Corporate Charter, the business ID or tax account number issued by the State of Tennessee
- A receipt documenting payment of the \$50.00 application fee to the Records Unit, Knoxville Police Department, Knoxville, TN
- A waiver signed by each applicant, applicant's partners, or corporate officer allowing the Knoxville Police Department to conduct necessary criminal background checks
- Each applicant, applicant's partners, or corporate officers must submit one set of classifiable fingerprints

APPLICATION FOR DEALER LICENSE

I, _____, do solemnly swear or affirm, that the foregoing statements contained in the application are true and correct to the best of my knowledge and belief.

Signature of Applicant(s)

(APPLICATION MUST BE NOTARIZED BEFORE SUBMITTING)

Subscribed to and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission Expires: _____, 20 _____

**DO NOT WRITE BELOW
OFFICIAL USE ONLY**

Date application was received: _____, 20____

Approved **Denied**

Date _____, 20____

Inspector Signature

Chief of Police Signature

Reason for Denial: _____

