



**CITY OF BEAVERTON**  
**SECOND HAND DEALER APPLICATION**

**1. Check one:**

**Occasional Second Hand Dealer** - A person who owns, manages or operates a business that purchases fewer than 100 items of regulated property in a calendar year

**Occasional Application \$100.00**

**Annual Renewal \$ 25.00**

**Regular Second Hand Dealer** - A person who purchases regulated property while carrying on a business and who does not qualify as an occasional second hand dealer under this ordinance

**Regular Application \$225.00**

**Annual Renewal \$225.00**

**2. To be issued to:** \_\_\_\_\_  
**(Name of Business)**

**3. Check one:**    **Individual Proprietorship**    **Partnership**    **Corporation**

**4. City of Beaverton Business License Number:** \_\_\_\_\_

**5. Assumed Business Name (if one is used):** \_\_\_\_\_

**6. Business Address:** \_\_\_\_\_

\_\_\_\_\_ **Zip Code** \_\_\_\_\_

**7. Business Phone:** \_\_\_\_\_

**8. Mailing Address: (If different than business)**

\_\_\_\_\_

\_\_\_\_\_ **Zip Code** \_\_\_\_\_

**9. Business Email Address:** \_\_\_\_\_

**10. Hours of Operation:** \_\_\_\_\_

11. Explain the exact nature of the business to be operated: \_\_\_\_\_

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12. Provide the full name, title, date of birth, residence address, and telephone number for the applicant of each partner and any other person who will be directly engaged or employed in the management or operation of the business, and if a corporation, provide the same information for any officer, director, and shareholder owning more than 5% of the outstanding share:

<u>Full Name</u>	<u>Title</u>	<u>Date Of Birth</u>	<u>Residence Address</u>	<u>Phone No.</u>
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13. If a corporation, provide the date \_\_\_\_\_ and state of incorporation \_\_\_\_\_.  
And provide a copy of the corporation certificate and/or articles of incorporation.

14. Has the applicant or any other person who helps own, manage or operate the second hand business ever been engaged in a similar business - Yes/No

Has the applicant or any person who helps own, manage or operate the second hand business, ever been issued a similar permit - Yes/No

Has any such issued permit ever been suspended or revoked - Yes/No

If yes to any of the above questions, please explain below:

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15. Complete the attached roster of persons who will be working or training at this location, including their full name, date of birth and social security number.

Completion of these forms and submission with the permit fee does not imply any commitment on the part of the City of Beaverton to grant the requested permit. Issuance of a permit does not relieve the permittee from the obligation to meet all other applicable Federal, State, and local laws and regulations.

If the application for a second hand dealer permit is denied, half of the fee paid for the permit shall be refunded to the applicant.

If a second hand dealer permit is revoked, no part of the fee shall be refunded.

**The undersigned hereby states that the statements made in this application are true and correct to the best of his/her knowledge and belief and that this statement is executed with the knowledge that any false statement, misrepresentation, or failure to reveal or provide information requested may be deemed sufficient cause for refusal to issue, suspension or for revocation of a regulatory permit.**

**Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please mail the completed application along with permit fee to:**

**Beaverton Police Department  
Attn: CID  
PO Box 4755  
Beaverton, OR 97076-4755**



**PERSONAL HISTORY FORM**

All blanks must be filled in. Please use full names, no initials.

1. Applicant name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Email Address: \_\_\_\_\_

3. Residence address: \_\_\_\_\_  
(Street) (City) (Zip)

4. Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

5. Phone No. \_\_\_\_\_ 5. Social Security No. \_\_\_\_\_

6. Business Name: \_\_\_\_\_ 7. Business Phone: \_\_\_\_\_

7. Business address: \_\_\_\_\_  
(Street) (City) (Zip)

8. Mailing address: \_\_\_\_\_  
(Street) (City) (Zip)

9. List two character references: (other than relatives)

\_\_\_\_\_  
Name Address/City/Zip Phone #:

\_\_\_\_\_  
Name Address/City/Zip Phone #:

10. Arrest record for past 15 years including major traffic offenses (explain charge, location, disposition and date)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Applicant Date Of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

12. U.S. Citizen: \_\_ Yes \_\_ No  
If "No" list Alien Reg. # \_\_\_\_\_

13. Other names used by applicant: \_\_\_\_\_

14. Name of Spouse: \_\_\_\_\_

15. List of Cities/States of residence since age 21: \_\_\_\_\_

A false answer and/or omission of any requested information may subject application to unfavorable recommendation or denial.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_