



# DALLAS POLICE DEPARTMENT

## CONVENIENCE STORE REGISTRATION



City of Dallas

**New Application**

**Updated Application**

<b>Store Name:</b>	
<b>Store ID Number:</b>	
<b>Store Address:</b>	
<b>Store Phone:</b>	
<b>Store Fax:</b>	
<b>City:</b>	
<b>Zip Code:</b>	
<b>Store Email:</b>	

### APPLICANT (STORE OWNER\* OR OPERATOR)

<b>First Name:</b>		<b>Last Name:</b>	
<b>Corporation Name:</b>		<b>Percentage of Ownership:</b>	
<b>Mailing Address:</b>		<b>City:</b>	
<b>State:</b>		<b>Zip Code:</b>	
<b>Phone:</b>		<b>Fax:</b>	
<b>Email:</b>			

\* If more than one owner, provide contact information for additional owners on an addendum attached to this application.

### STORE MANAGER

<b>First Name:</b>		<b>Last Name:</b>	
<b>Corporation Name:</b>		<b>Percentage of Ownership:</b>	
<b>Mailing Address:</b>		<b>City:</b>	
<b>State:</b>		<b>Zip Code:</b>	
<b>Phone:</b>		<b>Fax:</b>	
<b>Email:</b>			

**EMERGENCY CONTACT PERSON (MUST BE AVAILABLE IN CASE OF EMERGENCY)**

<b>First Name:</b>		<b>Last Name:</b>	
<b>Mailing Address:</b>		<b>City:</b>	
<b>State:</b>		<b>Zip Code:</b>	
<b>24 HR. Phone Number:</b>		<b>Email:</b>	

**REGISTERED AGENT**

<b>First Name:</b>		<b>Last Name:</b>	
<b>Mailing Address:</b>		<b>City:</b>	
<b>State:</b>		<b>Zip Code:</b>	
<b>Phone Number:</b>		<b>Email:</b>	

**LIEN HOLDER\*\*****(OR OTHER PERSON WITH A FINANCIAL INTEREST IN THE CONVENIENCE STORE)**

<b>First Name:</b>		<b>Last Name:</b>	
<b>Mailing Address:</b>		<b>City:</b>	
<b>State:</b>		<b>Zip Code:</b>	
<b>Phone Number:</b>		<b>Email:</b>	

\* If more than one lien holder, provide contact information for additional lien holders on an addendum attached to this application.

<b>TYPE OF BUSINESS:</b>					
<b>Square Footage of Store:</b>					
	<b>Does the store sell paraphernalia?</b>	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
<b>Name of Applicant:</b>					
<b>Signature of Applicant:</b>					
<input type="checkbox"/>	<b>The applicant understands that notices may be issued and delivered to the registrant via hand delivery, United States mail, or electronic mail.</b>				

THE STATE OF TEXAS

COUNTY OF DALLAS

On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me, whose identity I proved on the basis of \_\_\_\_\_ to be the signer of the above document, and he/she acknowledged that he/she signed it.

Notary Public \_\_\_\_\_

**Return Form to:**

Dallas Police Department: Southeast Patrol Division – Community Engagement Unit

ATTN: NPO Unit

5411 Bexar Street

Dallas, TX 75215

If you have any questions, please call (214) 671-1633.

Business Use Only:

RA: \_\_\_\_\_

Beat: \_\_\_\_\_

Council District: \_\_\_\_\_