



HARRIS COUNTY TAX OFFICE

- Application for Motor Vehicle Title Service License**
- Application for Runner License**

Application is filed for: Original Renewal

Application is filed by: Individual Limited Partnership Limited Liability Partnership

Partnership Corporation Limited Liability Company

Are you a citizen of the United States of America? Yes No

If you are not a citizen of the U.S., are you a legal resident? Yes No

If a non-citizen legal resident, what is your number? _____

Please attach photo of building where business is physically located.

Trade Name of Business (Attach copy of Articles of Incorporation or Assumed Name Certificate showing trade name.)

Business Headquarters Address (Physical address of each office from which the applicant will conduct business.)

	City	County	State	Zip Code
Mailing Address:	City	County	State	Zip Code

Area Code + Business Telephone Number

Area Code + Alternate Telephone Number

Full Legal Name of Individual (Last, First, Middle)

Date of Birth (MM/DD/YY)

Social Security Number

Texas Driver's License Number

Federal Tax I.D. Number

State Sales Tax Number

Residential Address (physical address)

	City	County	State	Zip Code
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Have you ever applied for this type of license before? Yes No

If yes, what was the outcome of that application?

Have you ever had a Motor Vehicle Title Service License or Runner License revoked or suspended?

Yes No

If applicant is a corporation or limited liability company, enter the following information:

Entity Name: _____

Employer's Federal I.D. Number: _____

Charter Number: _____ Date Approved: _____ State: _____

In spaces below, please list names of individuals and entities holding ownership in this business. Attach additional pages if necessary to list all owners.

Full Legal Name (Last, First, Middle)	Date of Birth (MM/DD/YY)	Title
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Social Security Number	Texas Driver's License Number
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Residential Address	City	State	Zip Code
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Full Legal Name (Last, First, Middle)	Date of Birth (MM/DD/YY)	Title
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Social Security Number	Texas Driver's License Number
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Residential Address	City	State	Zip Code
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Full Legal Name (Last, First, Middle)	Date of Birth (MM/DD/YY)	Title
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Social Security Number	Texas Driver's License Number
------------------------	-------------------------------

Residential Address	City	State	Zip Code
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Full Legal Name (Last, First, Middle)		Date of Birth (MM/DD/YY)	Title
Social Security Number		Texas Driver's License Number	
Residential Address	City	State	Zip Code

Has any employee, officer, or director of this business ever been refused a motor vehicle title service license or had a motor vehicle title service license revoked or suspended? Yes No

Has any person named in this application been finally convicted for any felony offense or any offense involving moral turpitude? Yes No

If yes, give the date of completion of sentence: _____

In spaces below, please list the bank names, addresses, and account numbers to be used in connection with your proposed business. Attach additional pages if necessary.

Bank Name	Account Number
Bank Address	Account Number
Bank Name	Account Number
Bank Address	Account Number
Bank Name	Account Number
Bank Address	Account Number

I swear and affirm that all the information I have provided in this application is true and accurate to the best of my knowledge. By signing this document, I willfully give permission for Harris County Tax Office and local law enforcement agencies to conduct a criminal background check.

Signature of Applicant _____ **Date** _____

FOR OFFICIAL USE ONLY

(Applicant: Do not write on this page.)

Criminal History Checklist

Driver's License/I.D. History: See Attached

Clear

Local History: See Attached

Clear

Wanted:

TCIC/NCIC: See Attached

Clear

TCIC/NCIC

CCH

State: _____ City: _____ County: _____

Location: _____

Charge: _____

Charge Date: _____ Conviction Date: _____

Sentence: _____

Comments: _____

AUTHORIZATION TO RELEASE INFORMATION

TO: _____
Bank Name

DATE: _____

FAX: _____
Bank Fax Number

RE: _____
Company Name/Individual Name

- FOR: Application for Motor Vehicle Title Service License
 Application for Runner License

You are hereby authorized to answer the following questions asked by the Harris County Tax Office regarding my history with your financial institution. *When completed, please fax it back to the Harris County Tax Office, Attn: Banking Department, fax no. 713-368-2239.*

Customer since: _____

Types of account(s) maintained:

	<input type="checkbox"/> Checking account	<input type="checkbox"/> Savings account
Average Balance		
Current Balance		
Number of NSF's last 12 months		

Lending relationship (please check those that apply):

- Term loan(s)
 - Secured Unsecured
 - Payment experience on loan(s): Satisfactory Unsatisfactory
- Line(s) of credit
 - Secured Unsecured
 - Payment experience on line(s): Satisfactory Unsatisfactory

Thank you for your assistance,

Applicant (Authorized person's name) (printed and signed)

Date

Title