



MONTGOMERY COUNTY TAX OFFICE

APPLICATION FOR MOTOR VEHICLE TITLE SERVICE LICENSE

Please check one box:

- Original Application for Motor Vehicle Title Service License (\$200.00)
- Renewal Application for Motor Vehicle Title Service License (\$100.00)

Application is filed by: Individual/Sole Proprietor Partnership Limited Partnership
 Limited Liability 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 office from which the applicant will conduct business. No P.O. Box allowed)
(Include street address, city, county, state, and zip code)

Mailing Address (Include street address or P.O. Box, city, state and zip code)

Business Telephone Number (Include area code)

Alternate Telephone Number

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

Date of Birth (MM/DD/YYYY)

Social Security Number

Texas Driver's License Number

Federal Tax I.D. Number

State Sales Tax Number

Residential Address (Physical address - no P. O. Boxes - Include street address, county, city, state, and zip code)

Email address: _____

Have you ever applied for this type of license before? Yes No

If yes, what was the outcome of that application?

Do you hold any other current Motor Vehicle Title Service Licenses issued by Montgomery County? Yes No

If yes, list all other current Motor Vehicle Title Service Licenses that you hold (include license number and name of Motor Vehicle Title Service company for each license):

Have you ever had a Motor Vehicle Title Service License revoked or suspended? Yes No

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

Entity name: _____

Entity'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 (No P.O. Boxes)	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 (No P.O. Boxes)	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 (No P.O. Boxes)	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 (No P.O. Boxes)	City	State	Zip Code
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Has any employee, officer, or director of this business ever been refused a motor vehicle title service license or had a motor vehicle title license revoked or suspended? Yes No

Has any person named in this application been convicted of any felony or any offense involving moral turpitude (Offenses involving moral turpitude include, but are not limited to, fraud, theft, counterfeiting, and bribery)?

Yes No

If yes: Give the date of conviction: _____

Give the date of completion of sentence: _____

Jurisdiction in which conviction occurred (City, County, State): _____

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

Bank Name _____ Account Number _____

Bank Address _____

Bank Name _____ Account Number _____

Bank Address _____

Bank Name _____ Account Number _____

Bank Address _____

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 Montgomery County Tax Office and local law enforcement agencies to conduct a criminal background check.

Application is not complete unless accompanied by correct fee, payable by cash, cashier's check, or money order.

Signature of Applicant _____ Date _____

Area Below For Tax Office Use Only

Payment Submitted for Original Application for Motor Vehicle Title Service License (\$200.00)

Payment Submitted for Renewal Application for Motor Vehicle Title Service License (\$100.00)

Additional Late Renewal Penalty Payment Submitted in amount of \$ _____

AUTHORIZATION TO RELEASE INFORMATION
TO MONTGOMERY COUNTY TAX ASSESSOR-COLLECTOR

TO: _____
Bank Name

DATE: _____

FAX: _____
Bank Fax Number

FOR: Application for Motor Vehicle Title
Service License

RE: _____
Company Name / Individual Name

Application for Runner License

You are hereby authorized to answer the following questions asked by the Montgomery County Tax Office regarding my history with your financial institution. *When completed, please fax it back to the Montgomery County Tax Office, Attn: Accounting Department, Fax No. 936-538-8129.*

Checking Account Number

Savings Account Number

Thank you for your assistance,

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

Date

.....
(TO BE COMPLETED BY FINANCIAL INSTITUTION)

Customer since: (Month - Year) _____

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

Signature of Bank Representative

Date

Name & Title of Bank Representative (Please Print)

MOTOR VEHICLE TITLE SERVICE RUNNER AUTHORIZATION FORM

Company Name: _____

FOR TAX OFFICE USE ONLY

The following individual(s) is(are) authorized to act as runners for
this company:

Authorization # _____

	Name	Authorization # (TO BE COMPLETED BY TAX OFFICE ONLY)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

Owner of Company