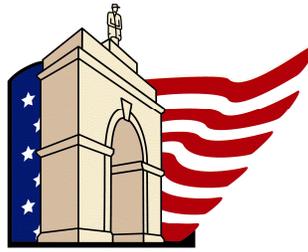


Police Department
www.junctioncity-ks.gov



210 E 9th Street
 Junction City, KS 66441
 (785) 762-5912

Junction City

**2ND HAND DEALER
 LICENSE APPLICATION**

BUSINESS NAME:	
BUSINESS ADDRESS:	
MAILING ADDRESS:	
BUSINESS PHONE:	
OWNER NAME:	
OWNER PHONE:	
APPLICANT NAME:	
APPLICANT ADDRESS:	
APPLICANT PHONE:	

ATTACH PHOTO COPY OF APPLICANT DRIVER'S LICENSE

APPLICANT DL #:	STATE OF ISSUANCE
LEEDS ONLINE ACCOUNT #:	EXPIRATION DATE

I hereby certify the above information is true and correct:

X. **X.**
Signature of Applicant *Date*

FOR OFFICE USE ONLY

Received By: _____ Date Received: _____