Permit For Sale or Acquisition of Secondhand Building Fixtures

Personal Information:
Name: ________________________________

First                  Middle                  Last

Address:

________________________________________

Telephone Number(s): (___) __________ (___) __________

DOB: __________                Sex: __________                Race: __________

Operator's License Number: ____________________________

Location of Sale or Acquisition:
Address: ____________________________________________

________________________________________

Date and Time of Acquisition or Sale
Date: ____________________                Time: ____________________

Detailed description of secondhand building fixtures sold or acquired:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________