

DALLAS POLICE DEPARTMENT Convenience Store Registration

DATE: _____

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New Application

Updated Application

Store Name: _____

Store Address: _____

Store Phone: _____

Fax: _____ (if none, write "none")

City: **Dallas**

State: **TEXAS**

Zip Code: _____

Store Number _____

STORE OWNER OR PRINCIPLE PROPRIETOR

First Name: _____

Last Name: _____

Corporation Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Please list below the nature and extent of the owner's interest in the property.
If there is only one owner, the extent of the owners' interest is 100%.

Business Use Only:

RA _____

Beat _____

Council District _____

**DALLAS POLICE DEPARTMENT
Convenience Store Registration**

MANAGER OR CONTACT PERSON'S INFORMATION

First Name:
Last Name:
Address:
City:
State:
Zip Code:
Store Phone:
E-mail Address:

REGISTERED AGENT

Corporation Name:
First Name:
Last Name:
Address:
City:
State:
Zip Code:
Store Phone:
E-mail Address:
Total square feet of Convenience store:

Return these forms to:
Dallas Police Department, Southeast Patrol Division 725 North Jim Miller Road,
Dallas, Texas 75217
Attention: NPO UNIT- If you have any questions, please call (214) 671-1633.