

ENVIRONMENTAL HEALTH DIVISION  
 BUREAU OF AIR QUALITY CONTROL  
 REGISTRATION FORM  
**USED CAR LOT FACILITY**

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 DATE: \_\_\_\_\_ ACCOUNT#: ADL 0000  
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NAME OF FACILITY: \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY : \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

TITLE: \_\_\_\_\_

\*\*\*\*\*  
 ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

TITLE: \_\_\_\_\_

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SIZE OF FACILITY	ANNUAL FEE
( ) 1 TO 5 VEHICLES OFFERED FOR SALE	NO CHARGE
( ) 6 TO 100 VEHICLES OFFERED FOR SALE	\$250.00
( ) 101 OR MORE VEHICLES OFFERED FOR SALE	\$350.00

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NOTE: IF THE NUMBER OF VEHICLES OFFERED FOR SALE AT THE FACILITY DESCRIBED ABOVE IS LESS THAN SIX (6) NO FEE IS REQUIRED. HOWEVER, THE "NOT APPLICABLE" PORTION OF THIS FORM MUST BE COMPLETED AND RETURNED TO OUR OFFICE. THIS EXCEPTION IS SUBJECT TO VERIFICATION

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APPLICABLE/NOT APPLICABLE

I, \_\_\_\_\_, \_\_\_\_\_, CERTIFY THAT \_\_\_\_\_  
 (PRINTED NAME) (TITLE) (BUSINESS NAME)  
 IS/IS NOT ENGAGED IN ANY OF THE ACTIVITIES THAT REQUIRE REGISTRATION UNDER SECTION 21-161, OF THE HOUSTON CODE OF ORDINANCE.

\_\_\_\_\_  
 (SIGNATURE) (DATE)

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RETURN THIS FORM TO:  
 HOUSTON DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 BUSINESS MANAGEMENT OFFICE (713) 640-4200  
 8000 NORTH STADIUM DR.  
 HOUSTON, TX 77054-1823