

# 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.**