

# INSPECTIONS DEPARTMENT

## Convenience Store Registration

*Please type or print clearly and complete ALL boxes*

Store Name			
Store Address			
Store Telephone			
Store Fax			
City	Irving	C-Store Total Square Feet:	
State	Texas		
ZIP Code			

### STORE OWNER or PRINCIPLE PROPRIETOR

First Name			
Last Name			
Corp. Name			
Home Address			
City			
State			
ZIP Code			
Telephone			
Email Address			

### MANAGER or CONTACT PERSON'S INFORMATION

First Name			
Last Name			
Corp. Name			
Home Address			
City			
State			
ZIP Code			
Telephone			
Email Address			

**Please list below the nature and extent of the owner's interest in the property.  
For example: If there is only ONE owner, the extent of the owner's interest is 100%.**

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**PLEASE RETURN ALL 4 FORMS TO:**

Inspections Department  
825 W. Irving Blvd.  
Irving, TX 75060

**MAKE A COPY TO KEEP AT THE STORE**

If you have any questions, please call (972) 721-2371  
or contact us via email [zramirez@cityofirving.org](mailto:zramirez@cityofirving.org)

**DATE:**

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# CRIMINAL TRESPASS AFFIDAVIT



My name is \_\_\_\_\_ . I am the  
 \_\_\_\_\_ of the private property located at  
 \_\_\_\_\_, Irving,

Texas \_\_\_\_\_. I have care, custody, and control of the above referenced private property. I am authorized to act on behalf of said private property.

I hereby request and authorize the Irving Police Department to enter the property at said location and, in my absence, to enforce the criminal trespass statute, Section 30.05 of the Texas Penal Code, against any person who is not authorized to be on said property. Irving Police Department Officers may act as "persons with apparent authority to act for the property owner" to notify any person who is not authorized to be on said property that his entry is forbidden and to leave the property immediately or face possible arrest pursuant to the criminal trespass statute. Appropriate "no trespassing" signs have been posted on the property at locations that are reasonably likely to come to the attention of intruders, in accordance with the criminal trespass statute. In addition, my designee or I will fully cooperate in the prosecution of anyone who is arrested for criminal trespass pursuant to this affidavit program.

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Business Address

\_\_\_\_\_  
 Signature Business

\_\_\_\_\_  
 Address (Continued)

\_\_\_\_\_  
 After Hours Contact Telephone Number

\_\_\_\_\_  
 Business Telephone Number

### For Police Department Use Only

**Beat:**

**Reporting District:**



**CRIMINAL TRESPASS AFFIDAVIT  
PROGRAM PARTICIPATION FORM**



This permission is given voluntarily and is hereby effective from the date that this document is received and accepted by the Irving Police Department, until revoked in writing to the **Irving Police Department, Community Services Division, 305 North O'Connor Road, Irving, TX 75061**. I understand that this document is a government public record. I understand that the City of Irving, the Irving Police Department, its' officers or employees are not responsibly criminally or civilly for acting on your behalf based on this agreement. By signing and authorizing this agreement you agree to hold City of Irving, the Irving Police Department, its' officers or employees harmless for the good faith execution of this document. I agree to notify the contact person immediately if I discover a Criminal Trespass Warning was given in error.

I agree to provide the Irving Police Department a letter updating my Authorization List and emergency contact telephone numbers at least annually or anytime the names of authorized personnel change. I will be responsible to immediately notify the Irving Police Department in writing at **Irving Police Department, Community Services Division, 305 North O'Connor Road, Irving, TX 75061**, any time the Authorization List, ownership or management changes. I understand that the Irving Police Department may terminate this program and agreement at any time without notice or reason given.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Relationship to property / business (owner, manager, etc.)

Sworn and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

**For Police Department Use Only**

Beat:

Reporting District:



# CRIMINAL TRESPASS AFFIDAVIT AUTHORIZATION LIST



Property / Business Name: \_\_\_\_\_

Property / Business Address: \_\_\_\_\_  
\_\_\_\_\_

The following individuals are authorized to be on the above listed property at the specified time or day:

Name	Sex	DOB	Address	Time of day allowed on property

(Attached additional list if needed)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Driver's License Number

**Note: This Authorization List expires one year from date signed or anytime a change is made and a new list is on file with the Irving Police Department.**

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**For Police Department Use Only**

Beat:

Reporting District: