



## Metal Recycler and Salvage Operators License Application

City Ordinance 5.23

Please print in dark ink and mail to Business Licensing Service

**Business Name:** \_\_\_\_\_

Enter the name you will be doing business as. You must operate and advertise in the exact name listed.

**Parent Company Name:** \_\_\_\_\_

(If Corporate Owned)

**Business Address:** \_\_\_\_\_

(Cannot be a P.O. Box) Street # Street name Unit # City State Zip

**Mailing Address** \_\_\_\_\_

(Can be a P.O. Box) Street # Street name Unit # City State Zip

**Phone:** ( ) - **Business State Date:** \_\_\_\_\_

**Ownership** (Check One Only)

- Sole Proprietor   
  Partnership   
  Corporation   
  LLC  
 LLP   
  LP   
  Other:

**E-mail:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**OWNER'S OR PRINCIPAL'S NAME(S)**

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Title** \_\_\_\_\_ **Telephone #** \_\_\_\_\_ **Title** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Driver License #** \_\_\_\_\_ **Driver License #** \_\_\_\_\_

\*Attach additional owner's information as needed



**PREVIOUS LICENSING INFORMATION**

Have you ever applied for this type of license before? \_\_\_\_\_ **If yes, provide the following information:**

a. Owner's name as it appeared on the license:

\_\_\_\_\_

b. Name of the business:

\_\_\_\_\_

c. Location of the business:

\_\_\_\_\_

Has your license ever been revoked? \_\_\_\_\_ If so, when? \_\_\_\_\_

**Notes:**

- **Records required**
  - A record of transaction detailing a description of the items and a description of the person selling the items (see ordinance for additional detail). The record of transaction needs to be kept computer database that is compatible with the police department's database.
- **Receipt required**
  - A receipt is required for each transaction and must be kept for one year. The receipt needs to contain enough information for the police department to identify the transactions and all items.

The undersigned fully understands that any falsification made herein will constitute grounds for denial or revocation of this license.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Fee Schedule:**

\$300.00 Charge Code 0229 Metal Recyclers and Salvage Operators