



City License No.: \_\_\_\_\_  
Entered: \_\_\_\_\_  
Approved/Denied By: \_\_\_\_\_  
Approval/Denial Date: \_\_\_\_\_  
Zoning Approval/Denial: \_\_\_\_\_

### SCRAP DEALER LICENSE APPLICATION

Annual License Fee: \$50.00

Receipt No.: \_\_\_\_\_

Business Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
(If different from above) Street City State Zip

Applicant Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

General description of goods and/or materials to be purchased, sold, exchanged, or traded, recycled or stored:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date