



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

Email: _____

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