

Donna Riley Treasurer/Tax Collector

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SCRAP METAL DEALER LICENSE RENEWAL APPLICATION

1) Name of owner:	2) Age:
3) Residential address/es:	
4) Calif. DL. No. or ID No. & expiration date: (Please attach a photocopy) 5) Name of Business:	
6) Address/es of Business:	
7) Telephone No.:	
(If the business is a partnership, association or corpora the General Manager or by one having the authority of name of the business, date of organization, type of bus business, the names and addresses of its officers. In ca names and addresses of all the partners)	the General Manager by stating the true iness, location of the principal place of
8) Have you conducted a similar business within the twelve months preceding the date of this application:	Yes / No (Circle One)
If yes, please state the name and address of the place you conducted the business before:	
9) Do you have a California Weighmaster License? (If yes, please attach a copy) (If no, license will be denied.)	Yes / No (Circle one)
10) Have you been convicted of any felony, or in any C imprisonment for a term exceeding one year?	Court, of a crime punishable by

YES / NO (Cicle one)

	ng to Junk dealers a	nd Scrap Metal recyclers? NO (Circle one)	Code No. C.S.994 (Chapter
O		Fornia Penal Code Section he foregoing is true and co	
Executed at		, California, on	
Signature/s:			
excess of Ten dol 2. The business hour	lars to any person ers should be between cense is \$254.00 v	recycler to make payment fexcept by paper draft or cheen 7.00 am through 7.00 pralid for one year from date ppeal fee is \$50.00	eck. n only. No exceptions.
	(For Off	ice Use only)	
Date application received by Tax Collector:Receipt No		Receipt No	
<u>Approved</u>	Disapproved Disapproved Da	Signa Sheriff: ate	<u>tures</u>
		Planning & C.D.D.:	Date
	I	Env.Resources:	Date
Permit issued Numb			