



Lauren Klein
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 corporation, the application should be applied by the General Manager or by one having the authority of the General Manager by stating the true name of the business, date of organization, type of business, location of the principal place of business, the names and addresses of its officers. In case of co-partnership, please state the names and addresses of all the partners)

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? **Yes / No** (Circle one)
(If yes, please attach a copy)
(If no, license will be denied.)

10) Have you been convicted of any felony, or in any Court, of a crime punishable by imprisonment for a term exceeding one year?

YES / NO (Cicle one)

11) Have you read, understood and will you abide by the County Code No. C.S.994 (Chapter 6.74) of 2007 relating to Junk dealers and Scrap Metal recyclers?

YES / NO (Circle one)

I acknowledge that I have read California Penal Code Section 496a.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at _____, California, on _____

Signature/s : _____

Notes:

1. It is unlawful for any junk dealer or recycler to make payment for the purchase of junk in excess of Ten dollars to any person except by paper draft or check.
2. The business hours should be between 7.00 am through 7.00 pm only. No exceptions.
3. The fee for new license is \$254.00 valid for one year from date of issuance. The annual renewal fee is \$154.00 and the denial appeal fee is \$50.00

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(For Office Use only)

Date application received by Tax Collector: _____ Receipt No. _____

Approved

Disapproved

Signatures

Sheriff: _____ Date _____

Planning & C.D.D.: _____ Date _____

Env.Resources: _____ Date _____

Permit issued Number and date: _____

Issued by _____