



**TREASURER AND TAX COLLECTOR**

**Donna Riley**  
Treasurer and Tax Collector

PO Box 859, Modesto, CA 95353  
1010 10<sup>th</sup> Street, Ste 2500, Modesto, CA 95354  
Phone: 209-525-6388 Fax: 209-525-4347

**APPLICATION FOR LICENSE, RENEWAL OR APPEAL UNDER ORDINANCE 6.74**

**JUNK DEALERS AND SCRAP METAL DEALER**

New License		Annual Renewal		Denial Appeal	
Stanislaus County	\$250.00	Stanislaus County	\$150.00	Stanislaus County	\$ 50.00
State of California	\$ 4.00	State of California	\$ 4.00	State of California	\$ 0.00
<b>Total Fee</b>	<b>\$254.00</b>	<b>Total Fee</b>	<b>\$154.00</b>	<b>Total Fee</b>	<b>\$ 50.00</b>

Name of Applicant: \_\_\_\_\_

Residential address(es): \_\_\_\_\_

California State Identification/Driver's License Information:

ID #:	Sex: M F	DOB:	HT:	Hair:	Eyes:
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Attach a photocopy of your:

- ◆ California State Identification Card or Driver's License.
- ◆ California Weighmaster License. A Scrap Metal Dealer License may not be issued without a current California Weighmaster License.

Name of Business: \_\_\_\_\_

Address(es) of Business: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Hours of Operation**

It is unlawful for any junk dealer or recycler to conduct his or her business as a junk dealer within this county between the hours of 7:00 p.m. of one day and 7:00 a.m. of the next day.

Day	Open	AM/PM	Close	AM/PM
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

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 partners.

Please answer the following questions:	Yes	No
Have you conducted a similar business within the twelve months preceding the date of this application? If yes, please state the name and address of the place you previously operated a scrap metal business Name: _____ Address: _____		
Have you been convicted of any felony, or in any Court, of a crime punishable by imprisonment for a term exceeding one year?		
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?		

I acknowledge that I have read California Penal Code Section 496a. and Stanislaus County Ordinance 6.74. I declare under penalty of perjury that the foregoing is true and correct.

Executed at \_\_\_\_\_, California, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature(s): \_\_\_\_\_

**For Office Use Only**

Date application received by Tax Collector: \_\_\_\_\_

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

Department	Approved	Denied	Signature	Date
Sheriff				
Planning & Community Development				
Environmental Resources				

Permit issued Number: \_\_\_\_\_ Date: \_\_\_\_\_

Issued by: \_\_\_\_\_