

NEW _____
RENEWAL _____

FEE _____
RECEIPT _____

SALVAGE DEALER LICENSE APPLICATION

(Please Print)

NAME _____
Last First Middle Initial

HOME ADDRESS _____
City State Zip

DATE OF BIRTH ____/____/____ PLACE OF BIRTH _____
Month Day Year City State

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? _____

IF YES, EXPLAIN _____

ARE YOU ACTING AS AN: INDIVIDUAL PARTNERSHIP ASSOCIATION
CORPORATION

IF NOT AS AN INDIVIDUAL GIVE NAMES AND ADDRESSES OF PRINCIPAL OFFICERS

<hr/> <p style="text-align: center;">Name Address</p>	<hr/> <p style="text-align: center;">Name Address</p>
<hr/> <p style="text-align: center;">Name Address</p>	<hr/> <p style="text-align: center;">Name Address</p>
<hr/> <p style="text-align: center;">Name Address</p>	<hr/> <p style="text-align: center;">Name Address</p>

TRADE NAME OF ESTABLISHMENT _____

LOCATION WHERE COLLECTED ARTICLES ARE STORED _____

ARTICLES TO BE COLLECTED, BOUGHT, SOLD OR OTHERWISE HANDLED _____

NUMBER OF VEHICLES TO BE USED IN BUSINESS _____

<p>APPROVED BY:</p> <hr/> <p>Police Department</p> <hr/> <p>Fire Department</p> <hr/> <p>Inspection Department</p>

Signature of Individual Applicant

Name of Partnership or Corporation

By _____

Partners or

Officers

Officers