

### APPLICATION FOR METALS RECYCLERS LICENSE

Business Trade Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Applicant: \_\_\_\_\_ DL Number: \_\_\_\_\_

AKA's or Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Your relationship to the business: \_\_\_\_\_

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**Is this a:**

Corporation  Yes  No **OR** Joint Venture  Yes  No

If none of the above, furnish the information requested below:

Owner's Name: \_\_\_\_\_ DL Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

**If this is a corporation or joint venture – furnish the information requested below:**

Corporation or Joint Venture Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Number: \_\_\_\_\_



**Officers and/or Co-Owners:**

Name: \_\_\_\_\_ DL Number: \_\_\_\_\_

AKA's or Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Your relationship to the business: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_ DL Number: \_\_\_\_\_

AKA's or Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Your relationship to the business: \_\_\_\_\_  
(list additional names on back of this page)

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**TO BE COMPLETED BY PERSON APPLYING – PLEASE PRINT OR TYPE**

Manager: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ DL Number: \_\_\_\_\_

*You are being given a copy of your responsibilities in obtaining this license. If you have not received your license within sixty (60) days, it is your responsibility to contact us as to why your license has not been issued.*

*The Plano Police Department requires the name and telephone number of a person whom they should contact for their inspection:*

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

If you or any person listed on this application has ever been arrested for anything other than minor traffic violations, furnish the information requested below for all arrests:  
(Use the back of this application if more space is needed)

1. Name: \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_ Year: \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_ Year: \_\_\_\_\_

2. Name: \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_ Year: \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_ Year: \_\_\_\_\_

3. Name: \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_ Year: \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_ Year: \_\_\_\_\_

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Is any person listed on this application overdue in payments to the City for taxes, fee, fines, or penalties? \_\_\_\_\_

If you sublease, give the name and address of the owner of the building:

Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Has any person listed on the application been denied or had revoked any City or State license within the preceding twelve (12) months?  Yes  No

If yes, give the name of the person, the name of the business, and the address when the license was revoked or denied.

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

OFFICE USE ONLY
DATE APPLICATION RECEIVED: _____
DATE APPLICATION FORWARDED: _____
CERTIFICATE NUMBER: _____