

LICENSE SECTION

SCRAP METAL FACILITY
INFORMATION SHEET



DEPARTMENT OF BUILDING
AND ZONING SERVICES

REQUIREMENTS

- Scrap Metal Facility Application
- Proof of Identity (i.e. State issued Driver's License/I.D. Card, Military I.D. Card, Passport)
- City Junk Yard License (If applicable, see C.C.C. Title 33, Chapter 3392)
- BCI Background Check/Fingerprints
(If conducted at another authorized WebCheck agency, results must be mailed directly to the License Section)

PRICING

- Application fee - \$20.00
- BCI Background Check fee - \$32.00
- Scrap Metal Facility License fee - \$500.00*
* Does not apply if the facility holds a valid City Junk Yard License.

OFFICE LOCATION & HOURS

4252 Groves Road
Columbus, OH 43232
Monday - Friday 8:00
a.m. to 3:30 p.m.

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OFFICE USE ONLY

License # _____

Issue Date _____

Expiration Date _____

LICENSE SECTION

SCRAP METAL FACILITY APPLICATION



DEPARTMENT OF BUILDING AND ZONING SERVICES

NEW RENEWAL OWNERSHIP CHANGE

APPLICANT INFORMATION

(Applicant is defined as the person applying for the license of behalf of the business.)

Relationship to Business: Owner Manager Authorized by Corporation Other: _____

Full Name:

Residential Address:

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Date of Birth: _____ Driver License #: _____ State: _____

Have you ever been convicted of a felony? Yes No

If yes, list all felony convictions that occurred within the past seven (7) years:

Are you on felony probation or parole? Yes No If yes, date began: _____

BUSINESS INFORMATION

Business Type: Single Owner Partnership Incorporated Other: _____

Business Name:

Business Address:

City: _____ State: _____ Zip: _____

Business Phone: _____ Federal ID #: _____

Activities to be conducted at the facility:

Primary Person of Contact: _____ Phone: _____

List all previously and currently held licenses and/or permits relating to the operation of scrap metal that were issued by any government agency with the past ten (10) years for this applicant and/or business:

Have any licenses or permits, listed above, been revoked, suspended, or refused?

Yes No

If yes, please explain:			
Does this facility conform to all City Codes, including, but not limited to, Zoning, Building, Health, and Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List all persons who will be directly engaged in managing or supervising daily operations of said facility: (If your list exceeds the space available, please attach a document to the application.)			
1. Full Name:		Title:	
Date of Birth:	Driver License #:	State:	
Residential Address:			
City:	State:	Zip:	
2. Full Name:		Title:	
Date of Birth:	Driver License #:	State:	
Residential Address:			
City:	State:	Zip:	
<p>Per regulations set in Columbus City Code 501.05(E), the License Section has the power to make rules regarding the "qualifications of the applicants and the conditions precedent the applicants must meet prior to the acquisition of licenses." Following this direction, all applicants must be able to read, speak, and comprehend the English language in order to obtain a valid license. By initialing on the line below,</p> <p style="text-align: center;">you agree that you are able to fulfill this requirement.</p> <p style="text-align: center;">_____ Initials</p>			
<p>All information contained in this application is subject to disclosure as a matter of public record. Any false statement made or given in this application shall result in denial, revocation, or future revocation of the license under Columbus City Code Chapters 501 and 540, and may be referred for criminal prosecution under Ohio Revised Code Chapter 2921.13 (A-3).</p>			
State of Ohio, County of Franklin			
<p>I, _____, being duly sworn, affirm and swear that I am the</p> <p style="text-align: center;">(Print Applicant's Name)</p> <p>individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed and to the information contained in the application; that the answers, statements, and allegations made in this application are true and accurate to the best of my knowledge and belief; and that I am an owner/operator/applicant of that which is to be licensed by this application.</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">(Applicant's Signature)</p> <p>Sworn to before me and subscribed in my presence this _____ day of _____, 20____.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Notary or Agent of Director of Building and Zoning Services</p>			