



New                      Renewal

**License Fee: \$568.00**

**DEALER IN SALVAGE OR SCRAP METAL LICENSE**

Application

**Applicant Name** \_\_\_\_\_

**Applicant Contact**

_____	_____	_____	_____
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
_____	_____		
<i>Email Address</i>	<i>Phone Number</i>		

**Business Name** \_\_\_\_\_

**Business Contact**

_____	_____	_____	_____
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
_____	_____		
<i>Email Address</i>	<i>Phone Number</i>		

**Applicant Age** \_\_\_\_\_ **Length of time this business has been in Indianapolis** \_\_\_\_\_

**Name of person responsible for the operations at this location (Onsite manager)** \_\_\_\_\_

**Legal Status of Business (check box that applies)**

Individual Proprietor      Partnership      Corporation      LLC

**List the state where incorporated or authorized (if corporation).** \_\_\_\_\_

**Registered Agent Name** \_\_\_\_\_

**Registered Agent Address**

_____	_____	_____	_____
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

**If a Corporation, list the Principal Office of Corporation.** \_\_\_\_\_

**If a Corporation or Partnership, list the name and address of each corporate officer or partner.**

_____	_____	_____	_____	_____
<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

_____	_____	_____	_____	_____
<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

_____	_____	_____	_____	_____
<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

_____	_____	_____	_____	_____
<i>Name</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

**Has the applicant or any partner or corporate officer for the applicant business ever been denied a license or had a license revoked or suspended?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Has the applicant, partner or any corporate officer of the business ever been arrested or convicted of a felony, misdemeanor or ordinance violation other than a minor traffic charge? If yes, type of conviction and jurisdiction.**

Yes

No

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**Please indicate that you agree or disagree by marking yes or no for the following:**

1. Licensee is in good standing and has not had any license/registration to operate a business revoked/suspended.  
Yes                      No
2. Licensee is current with all City, County and State for any taxes, license fees, or any other indebtedness.  
Yes                      No
3. The person signing this application has the authority to sign for the business being licensed.  
Yes                      No
4. Licensee will permit inspections of the business and premises by public authorities acting pursuant to law.  
Yes                      No
5. Licensee will conduct the business and premises in such a manner as not to create a nuisance or any sort of hazard to the public.  
Yes                      No
6. Licensee will keep the premises clean and free from any sort of rubbish or combustible or explosive material.  
Yes                      No
7. Licensee agrees that the business and the premises on which the business is conducted will not be used for any unlawful purpose.  
Yes                      No
8. Licensee agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws ordinances, regulations, orders and decisions of public officials.  
Yes                      No
9. Licensee understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated.  
Yes                      No
10. Licensee agrees to apply in writing to the Department of Business & Neighborhood Services before changing the location of the business (if permitted by ordinance).  
Yes                      No
11. Licensee agrees to give the Department of Business & Neighborhood Services written notice once the business ceases to exist.  
Yes                      No
12. Licensee agrees to give the Department of Business & Neighborhood Services written notice if there is any change in the licensed business during the term of the license such that the information provided in the application form is no longer complete or accurate within 30 days after such change occurs.  
Yes                      No
13. Licensee agrees to exclusively use the free technology service [www.LeadsOnline.com](http://www.LeadsOnline.com) for record keeping purposes pursuant to Sec. 951-408 of the Revised Code for the City of Indianapolis and Marion County.  
Yes                      No
14. Licensee agrees to attend an annual DCE/IMPD seminar regarding the use of [LeadsOnline.com](http://www.LeadsOnline.com)  
Yes                      No

The following provision must be adhered to in order to process this application:

A certified copy of a statement from the Secretary of State of the State of Indiana that the corporation is registered in the State of Indiana and is duly qualified to do business in the state of Indiana must be attached to this application.

**By signing below the licensee agrees that in the event the applicant as licensee receives personal property of any kind which is stolen, s/he claims no right, title, or interest in or to such personal property, and that upon request by any law enforcement officer having jurisdiction over the location of the place of business, s/he will voluntarily surrender such personal property to the possession of that law enforcement agency when given a receipt for the same. Licensee also agrees to keep and preserve a legible record, in an electronic form approved by the License Administrator, of all purchase transactions to which the salvage or scrap metal dealer is a party.**

**The undersigned affirms under penalty for perjury that the answers, representations and information provided in this application are true and correct.**

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**Signature**

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**Name Printed**

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**Date**