



SCRAP METAL LICENSE APPLICATION

Baltimore County, Maryland
Department of Permits, Approvals and Inspections
County Office Building, Room 101
111 West Chesapeake Avenue
Towson, MD 21204
410-887-3616

FIVE YEAR LICENSING PERIOD: _____ TO _____

Fees: Application Fee: \$200.00 5 Year Licensing Fee: \$500.00

Applicant Name: _____ Business Phone No. _____

Business Form (Circle that which applies): Sole Proprietorship; Partnership; Association; Corporation; LLC; Other

If "Other" is circled, describe the business form: _____

Attach copy of all of all organizational documents: Partnership Agreement, Articles of Organization, Etc.

Business Address: _____ Zip Code _____

Business Mailing Address: _____ Zip Code _____

If different from business address

Complete the attached "Section 21-20-105 Data Form" for each applicant, associate, partner, corporate officer, corporate director and each officer and director of a corporation owning more than 10% of the applicant's business.

Name, address and telephone number of any corporation owning more than 10% of the applicant's business: _____

Location and Address of each off-site storage facility: _____

Type of facility: _____

Type of scrap metal collected: _____

REVIEW / APPROVAL

CODE ENFORCEMENT (circle one) APPROVAL / DISAPPROVAL

Signature of Code Enforcement Officer

Date

If disapproved state reason(s) _____

The building and premises on which the building described above is located, are in compliance with the standards and regulations of the Department of Environmental Protection and Resource Management (DEPRM).

DEPRM: (circle one) APPROVAL / DISAPPROVAL

Signature

Date

If disapproved, state reason(s) _____

BALTIMORE COUNTY POLICE DEPT. COMMENTS: _____

BCPD Signature _____ ID No. _____ Date _____

OFFICE USE ONLY

Application No. _____ Fee Paid: \$200 Cash Receipt No. _____ Cash Receipt Date _____

License Fee Paid \$500 Cash Receipt No. _____ Cash Receipt Date _____ Date Issued _____

Data Entered _____ By _____

New 05/11



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Section 21-20-105 Data Form

Applicant name: _____

Full name: _____

Relationship to applicant (Circle all that apply): sole applicant, associate, partner, corporate officer, corporate director, officer of a corporation owning more than 10% of applicant's business or director of corporation owning more than 10% of applicant's business

Address: _____

Maiden name: _____

Aliases used previously: _____

Names you have previously been known by: _____

Social security no.: _____

Residence phone number: _____

Business phone number(s) for last three (3) years (indicate time period for each number): _____

Business address: _____

Attach copy of government-issued photograph identification card or driver's license.

NOTARIZED STATEMENT

State of _____

_____ County

I HEREBY CERTIFY that on this _____ day of _____, 20_____, before me, a Notary Public of the State of _____, personally appeared _____ who acknowledged himself to be related to the Applicant or the sole applicant for a license to be a scrap metal processor in accordance with Article 21, Title 20 of the Baltimore County Code, 2003 and affirmed under penalties of perjury that the contents of the application for a license to be a scrap metal processor are true to the best of his or her knowledge, information and belief.

WITNESS my hand and Notarial Seal.

Notary Public

My Commission Expires:
