



JUNK AND SALVAGE OPERATIONS APPLICATION FOR CITY PERMIT

**City of Clinton
611 South 3rd Street
P.O. Box 2958
Clinton, IA 52733-2958
(563) 244-3421**

License # _____
Date Issued: _____

SECTION I – NAME & ADDRESS

Name of Applicant

Home Address

City

State

Zip

Mailing Address (if different from home)

Phone#

Email (required)

I do hereby make application for the following City License:

<u>☒</u>	<u>Type of License</u>	<u>Must Comply with City Code Chapter</u>	<u>Fee</u>	<u>Insurance Required</u>	<u>Expiration Date</u>
	Junk and Salvage Operations	122	\$250.00	No	December 31

SECTION II – CORPORATION INFORMATION

SECTION II CORPORATION INFORMATION
Is applicant a corporation? If yes, complete this section, if not, go to Section III.

Name/Title of Business

Business Address

Stockholder Information – List All

Name of Stockholder	Address	% of Shares

Corporation Directors & Officers – List All

Name	Title



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SECTION III – PARTNERSHIP INFORMATION

Is applicant a partnership? If yes, complete this section, if not, go to Section IV.

Name/Title of Business

Business Address

General Partners

Name of Partner	Address

Limited Partners

Name of Partner	Address

SECTION IV – SOLE PROPRIETOR INFORMATION

Name/Title of Business

Business Address

Individual Information – List All

Sole Proprietor's Name	Address	% of Ownership

SECTION V – PRIOR LICENSE REVOCATION

Has a similar license from the City of Clinton or any other jurisdiction been revoked? If yes, why:

Yes

No



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SECTION VI – RELEASE AND DISCLOSURE

I _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Clinton, Iowa, whether said records are of a public, private or confidential nature, including criminal histories.

I hereby swear and affirm that each that each statement and all information in or supplementing this application is complete and true and accurately recorded to the best of my knowledge. I understand that providing false, misleading and/or incomplete information on this application will result in my not obtaining a Junk and Salvage Operations City Permit in the City of Clinton, Iowa.

Signature of Applicant

Date



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SECTION VII – CONFIDENTIAL INFORMATION OF APPLICANT, OFFICERS, DIRECTORS *(to be completed for any owner, officer, director, or partner)*

Name of Owner, Officer, Director or Partner

Social Security # (optional)	Date of Birth	Place of Birth (City, State)	Driver's License #
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List all felonies and misdemeanor convictions, including traffic violations for the last ten (10) years:

Aliases (List All Other Names Ever Used):

Name of Owner, Officer, Director or Partner

Social Security # (optional)	Date of Birth	Place of Birth (City, State)	Driver's License #
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SECTION VIII – CHECKLIST FOR APPLICANT

City Application Completed?

Special Use Permit Obtained – contact Clinton Fire Department Building Safety Division (563-244-3360)?

Vehicle Recycler License obtained from Iowa DOT (515-237-3268)?

All fees paid to City Finance Department?

All items must be completed and submitted to the City Clerk's office before the application can be approved.

Please allow at least 2 weeks for your City license application to be processed.

SECTION IX – OFFICE USE ONLY

License #	Fee Paid to Finance Office	Approved by Police Department	Approved by Fire Department	Approved by Zoning Board of Adjustment	Approved by Clerk