



LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT SCRAP METAL DEALER APPLICATION

BUSINESS or TRADE NAME: _____

BUSINESS LOCATION: _____

MAILING ADDRESS: _____
(if different from above)
(please include zip) _____

TELEPHONE NUMBER: _____

PRIMARY NATURE of BUSINESS: _____

OWNERSHIP: Partnership Corporation Limited Liability Company

Other Explain: _____

Does your partnership or corporation have other businesses in Fayette County?
No Yes List: _____

Name, address, and phone number for owner(s) of business

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

This page is to be completed by the individual making application for a permit or license.

NAME (including Maiden name where applicable): _____

TITLE OR POSITION held in business: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: Area Code _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

City or County

State

SOCIAL SECURITY NUMBER: _____

State of Issue

DRIVERS LICENSE NUMBER: _____

Have you ever been arrested?

Yes

If 'Yes', complete following section:

No

Date of arrest: _____

Charge: _____

Location of arrest: _____

Disposition in Court: _____

***Providing false information on any part of this application is grounds for denial of this application.**

Date: _____

Signature of Applicant

Subscribed and sworn to before me by _____

on this _____

day of _____

NOTARY PUBLIC

My commission expires: _____

FOR OFFICIAL USE

Record Check Completed _____

Officer / Clerk

Date