



# City of Memphis Permits Department

Application for Junk or Scrap Metal Dealer's Permit

**This form is used to apply for a City of Memphis Junk or Scrap Metal Dealer's Permit in accordance with City Ordinance, Chapter 24, Article III. The information requested herein is necessary for determining eligibility for permit. Only completed applications will be accepted for consideration. Any false statements or misrepresentations made in this application will result in the applicant being denied permit. The completed application must be signed in the presence of a Notary Public.**

Applying for: JUNK OR SCRAP METAL (Circle one or both)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

How many years at the present business address listed above? \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street City/State Zip Code

SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

List the number of years in Junk/Scrap metal industry: \_\_\_\_\_

Previous occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of years: \_\_\_\_\_

Yes No

\_\_\_ \_\_\_ Have you ever been charged with/or convicted of any criminal offenses? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ \_\_\_ Do you now hold, or have you ever held a Junk/Scrap metal license in any state? If yes, list these states here: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ \_\_\_ In the last five years, has your junk/scrap metal license or permit ever been denied, revoked, or suspended in any state?

List the names and addresses of three-character references, (three adult citizens of Memphis):

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**By signing this application below, I hereby certify all the following:**

- 1. I agree to provide to the City Permits Office a complete list of the names and residence addresses of all employees, managers, or other persons principally in charge of the operation of the business.**
- 2. I authorize the city, its agents, and employees, to seek information and conduct an investigation into the truth of the statements set forth in this application and on all employees and managers of the business.**
- 3. I agree to comply with all applicable state laws, including but not limited to the City's building, zoning, and health regulations.**
- 4. All of the information provided in this application is true and correct.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expiration