

## SCRAP METAL FACILITY INFORMATION SHEET

### REQUIREMENTS

- Scrap Metal Facility Application (Attached)
- Junk Yard License (If applicable)
- Proof of Presence and Proof of Identity  
(See attached sheet for approved documents)
- BCI Background Check/Fingerprints  
**This is considered the final step, and will be conducted at the License Section.**

### PRICING

- Application fee - \$10.00
- BCI Background Check - \$32.00
- Scrap Metal Facility License fee - \$500.00\*  
\* **Does not apply if the facility holds a valid City Junk Yard License.**

### OFFICE HOURS

Monday - Friday  
8:00 a.m. - 3:30 p.m.



**ALL applicants are required to provide both Proof of Lawful Presence in the United States and Proof of Identity.  
The following are examples of valid documents:**

**Proof of Lawful Presence**

- U.S Passport or Passport Card
- U.S. Birth Certificate
- Consular Report of Birth Abroad
- Certificate of Naturalization
- Employment Authorization Card
- Permanent Resident Card

**Proof of Identity**

- Ohio Driver's License (if applying for a Vehicle for Hire Driver) or otherwise
- State issued I.D.
- U.S. Military I.D.



**OFFICE USE ONLY**

License # \_\_\_\_\_

Issue Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

DEPARTMENT OF PUBLIC SAFETY  
LICENSE SECTION

**SCRAP METAL FACILITY  
APPLICATION**



DEPARTMENT OF  
PUBLIC SAFETY

**NEW**

**RENEWAL**

**OWNERSHIP CHANGE**

**APPLICANT INFORMATION**

(Applicant is defined as the person applying for the license of behalf of the business.)

Relationship to Business:    Owner    Manager    Authorized by Corporation    Other: \_\_\_\_\_

Full Name:

Residential Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

Are you legally authorized to work in the United States?    Yes    No

**All applicants will be required to prove Lawful Presence in the United States and provide Proof of Identity.**

Have you ever been convicted of a felony?    Yes    No

If yes, list all felony convictions, in the United State, that occurred within the past seven (7) years:

Are you on felony probation or parole?    Yes    No    If yes, date began: \_\_\_\_\_

**BUSINESS INFORMATION**

Business Type:    Single Owner    Partnership    Incorporated    Other: \_\_\_\_\_

Business Name:

Business Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Activities to be conducted at the facility:

Primary Person of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

List all previously and currently held licenses and/or permits relating to the operation of scrap metal that were issued by any government agency with the past ten (10) years for this applicant and/or business:

Have any licenses and/or permits, listed above, been revoked, suspended, or refused?  
Yes No

If yes, please explain:

To the best of your knowledge, does this facility conform to all City Codes, including but not limited to, Zoning, Building, Health, and Fire?  
Yes No

List **ALL** person who will be directly engaged in managing or supervising daily operations of said facility:  
**(If your list exceeds the space available, please attach a document to the application.)**

1. Full Name: Title:

Date of Birth: Driver License #: State:

Residential Address:

City: State: Zip:

2. Full Name: Title:

Date of Birth: Driver License #: State:

Residential Address:

City: State: Zip:

**PER REGULATIONS SET IN COLUMBUS CITY CODE 501.05(E), THE LICENSE SECTION HAS THE POWER TO MAKE RULES REGARDING THE "QUALIFICATIONS OF THE APPLICANTS AND THE CONDITIONS PRECEDENT THE APPLICANTS MUST MEET PRIOR TO THE ACQUISITION OF LICENSES." FOLLOWING THIS DIRECTION, ALL APPLICANTS MUST BE ABLE TO READ, SPEAK, AND COMPREHEND THE ENGLISH LANGUAGE IN ORDER TO OBTAIN A VALID LICENSE. BY INITIALING ON THE LINE BELOW YOU AGREE THAT YOU ARE ABLE TO FULFILL THIS REQUIREMENT.**  
  
\_\_\_\_\_ INITIALS

**ALL INFORMATION CONTAINED IN THIS APPLICATION IS SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD. ANY FALSE STATEMENT MADE OR GIVEN IN THIS APPLICATION SHALL RESULT IN THE DENIAL OF THE APPLICATION OR FUTURE REVOCATION OF THIS LICENSE. APPLICANT MAY ALSO BE REFERRED FOR CRIMINAL PROSECUTION.**

**State of Ohio, County of Franklin**

\_\_\_\_\_, being duly sworn, deposes and he or she is the individual  
(Print Applicant's Name)

**making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed; and that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.**

\_\_\_\_\_  
(Applicant's Signature)

**Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
Notary or Agent of Direct of Public Safety

**Must be SIGNED, DATED, AND NOTARIZED.**