

APPLICATION
FOR
STATE OF OHIO
**Auto Recycling Center/
Scrap Processor**

License Number Assigned by
County

WAYNE COUNTY

Renewal of License No. _____

THIS IS TO CERTIFY that the operator named herein, having complied with the provisions of **Sections 4737.05 to 4737.11**, inclusive of the Revised Code, is hereby authorized to operate a Scrap Yard at the location specified below.

Name

Address

By _____ **County Auditor**
Deputy Auditor
Not valid without signature

1 TRADE NAME IF OTHER THAN ABOVE _____

2 LOCATION OF RECYCLING CENTER _____

3 MAILING ADDRESS _____

4 IF APPLICANT IS A PARTNERSHIP, FIRM OR ASSOCIATION, SET FORTH **NAME AND ADDRESS** OF EACH MEMBER:

5 VENDOR'S LICENSE NUMBER _____

6 IF APPLICANT IS A CORPORATION:
DATE OF INCORPORATION: _____
PLACE OF INCORPORATION: _____

7 NAMES, TITLES AND ADDRESSES OF THE OFFICERS AND DIRECTORS OF THE CORPORATION:

I HEREBY SWEAR THE ABOVE TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Telephone: _____

Signature of Owner

Day of _____ Month _____ Year

RENEWAL FEE \$10.00

Russell Robertson, Wayne County Auditor

By: _____