

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 Junk Yard at the location specified below.

Name

Address

_____, County Auditor

By _____, Deputy Auditor

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 NAMES 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/Agent

_____ Day of _____ Month, _____ Year

Renewal Fee \$10

Jarra L. Underwood, Wayne County Auditor

By: _____