



Secondary metal recycling permit application

Neighborhood Services Department
Regulated Industries Division
635 Woodland, Suite 2101
Kansas City, Missouri 64106 (816) 513-4561

Please type or print the following information

Applicant's name _____

Applicant's address _____
Street City State ZIP

DBA business name _____ Phone _____

Business address _____
Street City State ZIP

Applying as a sole owner corporation limited liability company partnership

***The designated agent will be the individual authorized to receive notifications that may be issued by the City**

Designated agent's name _____ Date of birth _____

Designated agent's street address _____

City _____ State _____ ZIP _____ Home phone _____

Mobile phone _____ Business phone _____

Designated agent's e-mail address _____

1. Proposed days and hours of operation the business will be open to the public

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____ Saturday _____

Sunday _____

2. Missouri sales tax number of the business _____

3. Federal identification number of the business _____

4. Do you rent or lease the premise? yes no If yes, provide the following information

a. Landlord's name _____ Phone _____

b. Landlord's address _____
Street City State ZIP

c. Term of rent or lease agreement _____

d. Name and address of property owner (if different than above) _____

Street City State ZIP

---- If the business is a **corporation**, complete this section ----

5. Name of corporation _____

State of incorporation _____ Date of incorporation _____

6. List the names and titles of all corporate officers (attach additional sheet if necessary)

7. List the names with the number of shares and percentages held by each stockholder who holds 10 percent or more of the capital stock (attach additional sheet if necessary)

---- If the business is a **limited liability company**, complete this section ----

8. Name of limited liability company _____

State of organization _____ Date of organization _____

9. List the names of all members and percentages of each LLC member's interest (attach additional sheet if necessary)

---- If the business is a **partnership**, complete this section ----

10. List names of partners and the number of units owned by each (attach additional sheet if necessary)

Additional disclosures when corporation or LLCs are members may be required

I agree to report promptly any changes in the information provided with this application, and I understand that any and all changes of ownership or management and control of the business cannot occur prior to obtaining the approval of the director of the Neighborhoods and Housing Services Department.

I will at all times permit the entry of any officer or investigator who may have legal authority of the purpose of inspection or search, and will permit the removal of all things and articles which may be in violation of the ordinances of the City of Kansas City, Mo., and the laws of the State of Missouri.

I have familiarized myself with the provisions of Chapter 54 of the code of ordinances of the City of Kansas City, Mo., and agree to comply with these provisions in the conduct of this business.

I, _____, being of lawful age and duly sworn upon my oath, declare that I have read the application and fully understand same and that I know the contents thereof and the answers and statements contained therein and the same are true.

Applicant's signature

Date

Seal

State of Missouri

County of _____

Subscribed and sworn before me, this _____ day of _____, 20_____.

My commission expires

Date

Notary public

-----Investigator -----

Date case completed _____

Application recommended for: [] Approval [] Disapproval Date: _____

Reason(s) for recommendation of disapproval of application / license (if any) _____

Contingency and other items needed prior to issuance of license _____

_____ / _____

_____ / _____

_____ / _____

License recommended for: [] Approval [] Disapproval Date: _____

Regulated Industries Division investigator

-----INVESTIGATIONS SUPERVISOR -----

Application recommended for: [] Approval [] Disapproval Date: _____

License recommended for: [] Approval [] Disapproval Date: _____

Comments: _____

Regulated Industries Division investigations supervisor

-----ASSISTANT MANAGER -----

Application recommended for: [] Approval [] Disapproval Date: _____

License recommended for: [] Approval [] Disapproval Date: _____

Comments: _____

Regulated Industries Division assistant manager

-----MANAGER -----

This application & license is hereby [] Approved [] Disapproved

Comments: _____

Regulated Industries Division Manager

Date

