



CITY OF WICHITA LICENSING  
455 N. Main, 1<sup>ST</sup> Floor  
Wichita, KS 67202  
(316) 268-4553

## SCRAP METAL DEALER

As a new or renewal applicant, you are required to complete the application and submit the correct fee. Each question and blank on the application must be filled out completely to ensure quick and timely processing. If any question or blank is not answered or filled, the application will be denied and your check will be returned to you. We will **NOT** accept incomplete applications.

Often, an applicant will leave blanks or put wrong information in the following areas:

- Middle name of the applicant (**the full middle name must be included - not just the initial**)
- On Section II, the “Residential Address” may be a P. O. Box.
- Lease information - the length of the lease **MUST BE FOR AT LEAST NINE (9) MONTHS**; and
- Additional information concerning any other persons holding **ANY** financial interest in the business.
- “Section II-Applicant Information” must match up with “Signature of Applicant” at the bottom of the application.

Each question on the application pertains to the applicant's ability to meet the guidelines set out by:  
Chapter 3.90 which governs Scrap Metal Dealers.

By refusing or forgetting to answer a question, it will be assumed that the applicant cannot meet these guidelines and will, therefore, be denied a license.

In conclusion, remember that if any information changes during the year for which your license has been issued, you must contact City of Wichita Licensing and notify them of the change. The fee is listed on the application. License fees are only refunded in the event that the initial application is denied. Licenses are non-transferable. Each location must be separately licensed.



CITY LICENSE  
(316) 268-4553

SCRAP METAL DEALER  
LICENSE APPLICATION  
*Allow 2 weeks for processing.*

Date: \_\_\_\_\_

Fee: \$400.00 (A \$60.00 fee for a background check may be invoiced by the Police Department.)

Check One:      New \_\_\_\_\_      Renewal \_\_\_\_\_

**SECTION I - BUSINESS INFORMATION:**

Business Name		Phone	
Address		Zip Code	
Mailing Address		Zip Code	
Days Open		Business Hours	
Contact Person		Email Address	

**SECTION II - APPLICANT INFORMATION:** The information below must be completed for the following persons:

- **The applicant;**
- **Each partner in a partnership;**
- **Any manager, officer or director of a corporation; and**
- **Each principal stockholder in a corporation owning more than 20% of the stock.** Attach additional page if necessary.

Name including middle name		Home Phone	
Aliases and/or Maiden Name		Date of Birth	
Residential Address		Zip Code	

Has any person listed on this application under Section II:

- Been convicted of or plead guilty to any felony under the Kansas Criminal Code or pursuant to the laws of any city, state or of the United States or shall have forfeited his bond to appear in Court to answer charge for any such offense within ten years immediately preceding the date of making this application? **Yes** \_\_\_ **No** \_\_\_
- Been convicted of or plead guilty to a misdemeanor crime of theft, securing execution of a document by fraud or deception, any crime involving truth or dishonesty, or any other similar offense pursuant to the laws of any city, state or of the United States within ten years immediately preceding the date of making this application? **Yes** \_\_\_ **No** \_\_\_
- Had a license revoked under the provisions of this ordinance? **Yes** \_\_\_ **No** \_\_\_
- Is any person listed NOT a citizen of the United States? **Yes** \_\_\_ **No** \_\_\_
- Is there any person listed on this application under the age of 18? **Yes** \_\_\_ **No** \_\_\_

IF THE ANSWER TO ANY OF THE ABOVE MENTIONED QUESTIONS IS "**YES**", EXPLAIN **IN DETAIL**, ON A SEPARATE SHEET OF PAPER.

**SECTION III - BUILDING INFORMATION:** Is the location of the building where the business is located owned by the applicant?  
Yes \_\_\_ No \_\_\_ If the answer to the above mentioned question is "**NO**" complete the following information.

<b>Length of Lease (Must be at least nine [9] months)</b>	
Building Owner/Leasing Agent Name	
Building Owner/Leasing Agent Address include Zip	

I hereby certify that I have read and am familiar with the ordinances of the City of Wichita and with the requirements thereof as they pertain to my license. Further, under penalty of perjury, I certify that all information provided is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FOR OFFICIAL USE ONLY

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE