



## JUNK AND SALVAGE OPERATIONS APPLICATION FOR CITY PERMIT

City of Clinton  
611 South 3<sup>rd</sup> Street  
P.O. Box 2958  
Clinton, IA 52733-2958  
(563) 244-3421

License # _____
Date Issued: _____

<b>SECTION I – NAME &amp; ADDRESS</b>
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\_\_\_\_\_  
Name of Applicant

Home Address	City	State	Zip
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\_\_\_\_\_  
Mailing Address (if different from home)

Phone#	Email Address (optional)
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I do hereby make application for the following City License:

<input checked="" type="checkbox"/>	<u>Type of License</u>	<u>Must Comply with City Code Chapter</u>	<u>Fee</u>	<u>Insurance Required</u>	<u>Expiration Date</u>
	Junk and Salvage Operations	122	\$250.00	No	December 31

<b>SECTION II – CORPORATION INFORMATION</b> <i>Is applicant a corporation? If yes, complete this section, if not, go to Section III.</i>
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\_\_\_\_\_  
Name/Title of Business

\_\_\_\_\_  
Business Address

<b>Stockholder Information – List All</b>		
Name of Stockholder	Address	% of Shares

<b>Corporation Directors &amp; Officers – List All</b>	
Name	Title



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**SECTION III – PARTNERSHIP INFORMATION**  
*Is applicant a partnership? If yes, complete this section, if not, go to Section IV.*

Name/Title of Business

Business Address

General Partners	
Name of Partner	Address
Limited Partners	
Name of Partner	Address

**SECTION IV – SOLE PROPRIETOR INFORMATION**

Name/Title of Business

Business Address

Individual Information – List All		
Sole Proprietor’s Name	Address	% of Ownership

**SECTION V – PRIOR LICENSE REVOCATION**

Has a similar license from the City of Clinton or any other jurisdiction been revoked? If yes, why:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## SECTION VI – RELEASE AND DISCLOSURE

I \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Clinton, Iowa, whether said records are of a public, private or confidential nature, including criminal histories.

I hereby swear and affirm that each that each statement and all information in or supplementing this application is complete and true and accurately recorded to the best of my knowledge. I understand that providing false, misleading and/or incomplete information on this application will result in my not obtaining a Junk and Salvage Operations City Permit in the City of Clinton, Iowa.

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

\_\_\_\_\_  
Date



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<p><b>SECTION VII – CONFIDENTIAL INFORMATION OF APPLICANT, OFFICERS, DIRECTORS</b> <i>(to be completed for any owner, officer, director, or partner)</i></p>
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Name of Owner, Officer, Director or Partner

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Social Security # (optional)	Date of Birth	Place of Birth (City, State)	Driver's License #
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List all felonies and misdemeanor convictions, including traffic violations for the last ten (10) years:

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Aliases (List All Other Names Ever Used):

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Name of Owner, Officer, Director or Partner

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<b>SECTION VIII – CHECKLIST FOR APPLICANT</b>
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- City Application Completed?
- Special Use Permit Obtained – contact Building & Neighborhood Services Department (563-244-3360)?
- Vehicle Recycler License obtained from Iowa DOT (515-237-3268)?
- All fees paid to City Finance Department?

**\*All items must be completed and submitted to the City Clerk’s office before the application can be approved.\***

**\*Please allow at least 2 weeks for your City license application to be processed.\***

<b>SECTION IX – OFFICE USE ONLY</b>
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License#	Fee Paid to Finance Office	Approved by Police Department	Approved by Fire Department	Approved by BNS Department	Approved by Zoning Board of Adjustment	Approved by Clerk