



**CITY OF HOUSTON
METAL RECYCLER'S LICENSE APPLICATION**

(In accordance with Motion 2016-0964 adopted 12/07/2016, this is a two-year license.)

Cost: The current Metal Recycler's license fee (Initial inspection included in this amount.)

PLEASE PRINT

DATE _____

The applicant is an: Individual Partnership Corporation Other Legal Entity
 (Business organizations, both domestic and foreign, must be recognized by the Texas Business Organizations Code ("BOC"), and shall provide full and complete copies of the organization's current registration with this application.)

Location Name _____

Facility Address _____
 Street Number/Street Name City State Zip Code

Facility Telephone _____ Fax Number _____

E-mail address _____

Requested hours of operation: _____ A.M. _____ P.M. Sun Mon Tues Wed Thurs Fri Sat

Business Fed. Tax I.D. # _____ or Applicant Soc. Sec. # _____

A copy of the recorded proof of property ownership, or executed lease agreement, is attached: Yes No

A copy of the facility's current Certificate of Occupancy has been attached to this application: Yes No

Applicant Name _____ Telephone _____

Residential Address _____
 Street Number/Street Name City State Zip Code

Facility Declarations:

1. Will the entirety of the business operations be conducted within an enclosed structure? Yes No
2. Will any portion of the business operation engage in open storage? Yes No
3. Is the open storage area part of the lot or tract of land identified as the facility address? Yes No
4. If response is "No" to question 3, provide the Open Storage Address on the line below.
5. I acknowledge that all locations will comply with sections 7-70 and 28-34 of this code. Yes No

Storage Location _____
 Street Number/Street Name City State Zip Code

In case the license applied for is issued as requested, I (we) hereby agree to conduct the business in strict accordance with the ordinances of the City of Houston. I (we) have not had a license under Chapter 7 of the City Code of Ordinances or any preceding city ordinance governing the business described herein revoked.

 Signature of Applicant or duly authorized individual

 TX Driver's License or other I.D. Number

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PHONE: 832-394-8803
 FAX: 832-395-9631

ONLINE: www.houstonpermittingcenter.org or www.houstontx.gov/ara



Facility Address _____
 Street Number/Street Name City State Zip Code

In adherence with Sec. 7-55 of the Ordinance, the Applicant and each identified On-site Representative shall respond to the following questions, and make such information available, to satisfy the conditions for review of the application and determination for issuance of the Metal Recycler license.

For this application, I am identified as: the Applicant an On-Site Representative .

App./Rep. Name _____ Telephone _____

Residential Address _____
 Street Number/Street Name City State Zip Code

Date of Birth _____ Place of Birth _____
 Month/Day/Year City State County

Are you a citizen of the United States? Yes No Driver's License or State ID# _____

Are you classified as an alien legally residing in the United States? Yes Work ID/Permit No. _____

List the addresses of your place of residence during the preceding five years. If you need more space, you may attach additional, numbered pages.

In the last ten years, have you been convicted for any criminal offense in this state or any other state or country; or incarcerated in any jail or prison due to a conviction? Yes No

Excluding any traffic offense that was punishable by a fine only, please identify for each conviction or incarceration due to a conviction the specific offense committed, date of conviction, term of sentence, case number and court number relating to each offense.

If any of the convictions involve organized criminal activity, describe the underlying offense _____

Have you had a license revoked during the preceding one-year period? Yes No . If yes, please explain



Facility Address _____
 Street Number/Street Name City State Zip Code

In adherence with Sec. 7-55 of the Ordinance, the individual completing this portion of the application on behalf of the legal business entity shall respond to the following questions, and make such information available, to satisfy the conditions for review of the application and determination for issuance of the Metal Recycler license.

If the person above is submitting this application in the name of a partnership, corporation or other legal entity, please provide below the requested information:

Business Name _____

Mailing Address _____
 Street Number/Street Name City State Zip Code
(P.O. Box will not be accepted)

Business Telephone _____ **Fax Number** _____

- If a partnership or unincorporated association, provide the name, address and telephone number of each general partner or member:

Names of Partners/Members	Business Address <small>(P.O. Box Not Accepted)</small>	Telephone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- If a privately-held corporation, provide the name of the corporate officers and each person who owns 50 percent or more of the corporation:

Names and Titles of Officers and Directors or Trustees:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- If a publicly-held corporation, provide the name of the on-site representative and submit a completed page 2 of this application:

On-site Representative's Name _____

- Attach sufficient documentation to support the entity's form and current status. This includes, but is not limited to, a current certificate of assumed name or a current certificate of status issued by the Texas Office of the Secretary of State and a certificate of account status from the Texas Comptroller of Public Accounts.

Has any individual named above had a preceding city license or permit revoked? Yes No . If yes, please explain:



Facility Address

Street Number/Street Name

City

State

Zip Code

Owner(s) and operator(s) shall consent to and complete state or federal forms that are required to obtain a criminal history report for the owner(s) and operator(s) of a metal recycler's license. The license for a metal recycler may be denied, revoked, suspended or denied for renewal if the owner(s) or operator(s) of the facility have been convicted of a criminal offense(s) within the five-year period immediately preceding the date of the filing of the application or has spent time in jail or prison during the five-year period immediately preceding the date of the filing of the application for such a conviction. Such criminal actions include any misdemeanor offense greater than a Class C misdemeanor offense under the laws of this state involving: arson, criminal mischief, or other property damage or destruction; burglary or criminal trespass; theft, fraud, bribery or corrupt influence; perjury or other falsification; any violation of section 1956.038 or 1956.040 of the Texas Occupations Code, as may be amended from time to time; and a prohibited weapon or explosive weapon; and a component of explosives.

Due to the requirement of the criminal history report, applicants for the Metal Recycler's license must apply in person.

Section. 1-11. Application for permits, licenses, etc.

(a) A license, permit or certificate issued pursuant to any code or ordinance of the city shall not be issued unless the applicant submits with the application the following declaration, pursuant to Texas Civil Practice and Remedies Code section 132.001:

My name is _____, My date of birth is _____,
(first, middle and last name), (mm / dd / yyyy)

and My address is _____, and _____.
(street, city, state, zip code) (country)

I have personal knowledge of the statements made in the application. None of the statements are misleading or false. I acknowledge that issuance of the license; permit or certificate does not excuse or approve any violation of deed restrictions or city, state, or federal laws or regulations. To the extent that this declaration is made on behalf of a corporation or any other legal entity or persons, I certify that I have fully advised them of the contents of the application and this declaration and that I am authorized to execute this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____,
(month) (year)

Declarant

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