



CITY OF LANCASTER

Service Safety Director
104 East Main Street
Lancaster, OH 43130
(740) 687-6608

Scrap Metal Dealer License

This is to certify that the operator named herein, has complied with the provisions of the City of Lancaster Codified Ordinance 781 (Permanent Ordinance No. 38-07) and is hereby authorized to operate as a Scrap Metal Dealer at the location specified below:

Business Information

Business Name: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Applicant Name: _____

Applicant Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

If applicant is a partnership, firm, or association: provide names, addresses, and telephone numbers of each member:

Business history of applicant regarding previous licenses obtained or refused from any governmental agency, including revocation and suspensions and the reasons thereof:

Are you required to register with the Ohio Secretary of State? (If yes, copy required)

Yes No

Please identify any other individuals who will be “directly engaged in managing or supervising the daily operations of this facility.” Lancaster Codified Ordinance 781.03 requires the following information: the individual’s name, address, and social security number; and a photocopy of a current and valid driver’s license, military identification, or other government-issued photo identification card issued to the individual.

*Please submit another sheet if necessary.

Acknowledgement and Release of Liability

By my signature below, I acknowledge the following: I, the applicant, am responsible for providing all fees, documents, and information necessary to meet the requirements of this application and that even if I provide such, it is no guarantee that my registration will be approved by the City of Lancaster; the information contained in this application is true and accurate to the best of my knowledge; that I have read Chapter 781 of the Lancaster Codified Ordinances and will act in good faith to comply with the same; that I will not make or perpetuate and false statement, deception, dishonesty, or fraud in connection with the operation of my business pursuant to this application; that my registration may be revoked for a violation of any of these conditions as determined by the Service Safety Director; my application fee is non-refundable; I am solely responsible for any loss or liability incurred in the event my registration is revoked; I, and the organization I represent, agree to defend, indemnify, and hold harmless the City of Lancaster against any and all claims for damages, liability, or loss.

Applicant Signature: _____ Date: _____

Application Checklist (For each owner, partner, stakeholder, officer, manager, etc.)

- Driver’s License or State ID
- Secretary of State – Certificate of Good Standing (if required)
- BCI Criminal Background Check

Application Fee

- Non-Refundable Fee – \$50.00

Cash or Check are accepted.

MAKE CHECK PAYABLE TO “City of Lancaster”

Please mail or drop off this application to the
City of Lancaster, Service Safety Director
104 East Main Street, Lancaster, Ohio 43130

For Office Use Only:

Business Name: _____

Subject to the information contained in this Scrap Metal Dealer License application, permission is hereby:

- Approved
- Denied

Receipt of the license fee is hereby acknowledged:

- Scrap Metal Dealer License – Fee \$50.00
Receipt Number: _____

Service Safety Director’s Signature: _____

Date: _____