



**STATE OF KANSAS
CORPORATION
APPLICATION FOR REGULATED SCRAP METAL DEALER'S REGISTRATION
K.S.A. 50-6,109 et seq**

City or County of _____

Application is made by the undersigned for registration as a regulated scrap metal dealer under the provisions of K.S.A. 50-6,109 et seq. If the scrap metal dealer operates a business out of a fixed location that is located within the corporate limits of a city, the registration shall be made to the governing body of such city. In all other cases, the registration shall be made to the board of county commissioners in the county in which such place of business is to be located.

No registration issued under this Act shall be transferable.

The required fee must accompany this application.

SECTION 1 – APPLICANT INFORMATION			
Kansas Sales Tax Registration Number (required):			
Name of Corporation			
Corporation Street Address	Corporation City	State	Zip Code
Date of Incorporation	Articles of Incorporation are on file with the Secretary of State:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 2 – BUSINESS INFORMATION	
Business Premise Information	Business Premise Owner (If different from business address.)
Business Name	Premise Owner's Name(s)
Business Location Address	Address
City State ZIP Code	City State ZIP Code
Business Phone No.	<input type="checkbox"/> I own the proposed business location. <input type="checkbox"/> I do not own the proposed business location.

SECTION 3 – MANAGER OR AGENT INFORMATION		
This place of business will be conducted by a manager or agent.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the following:		
Manager/Agent Name	Phone No.	Date of Birth
Residence Street Address	City	Zip Code
Qualification Statement		
My manager/agent and his/her spouse meet all of the qualifications in Section 3.		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK

List each person and their spouse, if applicable. Attach additional pages if necessary.

Name	Position	Date of Birth	
Residence Street Address	City	State	Zip Code
Spouse Name	Position	Date of Birth	
Residence Street Address	City	State	Zip Code
Name	Position	Date of Birth	
Residence Street Address	City	State	Zip Code
Spouse Name	Position	Date of Birth	
Residence Street Address	City	State	Zip Code
Name	Position	Date of Birth	
Residence Street Address	City	State	Zip Code
Spouse Name	Position	Date of Birth	
Residence Street Address	City	State	Zip Code
Name	Position	Date of Birth	
Residence Street Address	City	State	Zip Code
Spouse Name	Position	Date of Birth	
Residence Street Address	City	State	Zip Code
Name	Position	Date of Birth	
Residence Street Address	City	State	Zip Code
Spouse Name	Position	Date of Birth	
Residence Street Address	City	State	Zip Code
Name	Position	Date of Birth	
Residence Street Address	City	State	Zip Code
Spouse Name	Position	Date of Birth	
Residence Street Address	City	State	Zip Code

SECTION 5 – APPLICANT QUALIFICATION: Do not submit this application if any of the following is true.	
Are any persons listed in Section 4 under 18 years of age and have parents or legal guardians who have been convicted of a felony or other disqualifying crime listed in this section while their parents/legal guardians were registered scrap metal dealers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within five years immediately preceding the date of filing, have any persons listed in Section 4 pled guilty to, been convicted of, released from incarceration for or released from probation or parole for committing, attempting to commit, or conspiring to commit a violation of property crime, perjury, compounding a crime, obstructing legal process or official duty, falsely reporting a crime, interference with law enforcement, interference with judicial process, or any crime involving moral turpitude.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the five years immediately preceding the date of registration, have any persons listed in Section 4 pled guilty to, been found guilty of, or entered a diversion agreement for violating the provisions of the scrap metal dealers registration, scrap metal dealers act, the laws of another state comparable to such provisions or laws of any county or city regulating the sale or purchase of regulated scrap metal three or more times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the three years immediately preceding the date of registration, have any persons listed in Section 4 held a scrap metal dealer registration which was revoked, or managed a facility for a scrap metal dealer whose registration was revoked, or was an employee whose conduct led to or contributed to the revocation of such registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any persons listed in Section 4 made a materially false statement on the registration application or have made a materially false statement on a registration or similar filing within the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a spouse of any person listed in Section 4 been convicted of a felony or other crime which would disqualify him or her from registration, and such crime was committed during the time that the spouse held a Regulated Scrap Metal Dealer's Registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No

AFFIRMATION OF OATH, being first duly sworn, upon oath deposes and says: That such person is the applicant who makes the above foregoing application; that such person has read and signed the same, knows the contents thereof and declare under penalties of perjury under the laws of the State of Kansas that all statements and information therein contained are true.

The undersigned applicant certifies and acknowledges that undersigned applicant is authorized to execute the application either as the owner or as a designated agent of the owner and as such shall be jointly and severally responsible for compliance with all codes regulating scrap metal dealers and the sale of regulated scrap metal.

Signature of Applicant

Date

THIS FORM MUST BE NOTARIZED

STATE OF KANSAS, COUNTY OF

Subscribed and sworn to before me, a Notary Public in and for said county and state, this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____