



STATE OF KANSAS
PARTNERSHIP, FIRM OR ASSOCIATION
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 | |
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| Kansas Sales Tax Registration Number (required): | |
| Name of Partnership/Firm/Association | Phone No. |
| Place of Business Street Address | City Zip Code |

| 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 – PARTNER AND FIRM/ASSOCIATION MEMBER INFORMATION | | |
|--|--|---------------|
| List each partner or member of a firm/association and their spouse, if applicable. Attach additional pages if necessary. | | |
| Partner/Member Name | Title | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Spouse Name | Title | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Partner/Member Name | Title | Date of Birth |
| Residence Street Address | City State | Zip Code |
| Spouse Name | Title | Date of Birth |
| Residence Street Address | City State | Zip Code |

| SECTION 4 – APPLICANT QUALIFICATION: Do not submit this application if any of the following is true. | |
|---|--|
| Are any persons listed in Section 3 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 3 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 3 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 3 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 3 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 3 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 |

| SECTION 5 – MANAGER OR AGENT QUALIFICATION | | |
|--|-----------|--|
| 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 |

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: _____