



**CITY OF PASADENA PUBLIC HEALTH DEPARTMENT**

P. O. BOX 672  
PASADENA, TEXAS 77501 (713) 475-5529

OFFICE USE ONLY

BUSINESS # \_\_\_\_\_  
LICENSE # \_\_\_\_\_  
RECEIPT # \_\_\_\_\_

PERMITTED  
YEAR \_\_\_\_\_

**METAL RECYCLER/SECONDHAND METAL DEALER PERMIT APPLICATION**

PERMIT FEE \$250.00

**PERMIT FEE IS NON-TRANSFERABLE AND NON-REFUNDABLE**

NAME OF ESTABLISHMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_ EMERGENCY PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ SALES TAX ID #: \_\_\_\_\_

HOURS OF OPERATION, INCLUDE DAYS AND TIMES: \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

APPLICANT'S DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES?  YES  NO

DRIVER'S LICENSE OR STATE I.D. # \_\_\_\_\_

ARE YOU CLASSIFIED AS AN ALIEN LEGALLY RESIDING IN THE UNITED STATES?  YES  NO

WORK I.D./PERMIT # \_\_\_\_\_

EACH ADDRESS WHERE APPLICANT RESIDED IN THE FIVE YEARS IMMEDIATELY PRECEDING APPLICATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EACH OWNER, MANAGER & OPERATOR \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMERGENCY PHONE #: \_\_\_\_\_

*\*Additional numbered pages may be attached if more space is necessary.*

OWNER: CORPORATION \_\_\_\_\_ INDEPENDENT \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INCORPORATION \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

*\*If any owner or operator is a corporation, all officers of the corporation are to be named; and if there are fewer than five shareholders, name all shareholders. If any owner or operator is a partnership, state the type of partnership and names and addresses of all general partners. If any owner or operator is an unincorporated association, the names and addresses of all officers shall be named. Additional numbered pages may be attached if more space is necessary.*

**\*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED\***

Has the individual applicant, any partner in a partnership, or any officer or director of a corporation been arrested, charged or convicted for any criminal offense in this state or any other state or country? \_\_\_\_\_ YES \_\_\_\_\_ NO

If he/she has been arrested or jailed for any such offense, he/she shall set out the offense for which he/she was arrested, jailed, or imprisoned, the date of the arrest or confinement, and the place, court and case number of the case. \_\_\_\_\_

Has the individual applicant, any business partner, corporation, corporate officer or director had a license governing the business described herein revoked? \_\_\_\_\_ YES \_\_\_\_\_ NO

**\*BUSINESS OPERATIONS PLAN\***

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Will any burning, welding of materials be conducted at this facility?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will any torching or cutting of materials be conducted at this facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will any shredding, chipping of materials be conducted at this facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will any breaking of materials be conducted at this facility?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will you store flammable or combustible liquids on the property?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will you use chemical processes?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Is your facility subject to requirements of the Texas Commission on Environmental Quality (TCEQ) for storm water discharges from industrial facilities?  Yes  No *If yes, must attach copy of City of Pasadena Stormwater Permit.*

**REQUIRED:** Describe details that pertain to the type of business that will be conducted at the location, i.e. Machinery used to process metals or Materials bought from industrial contractors: \_\_\_\_\_

**THE FOLLOWING APPLIES TO NEW ESTABLISHMENTS OR A CHANGE OF OWNERSHIP:**

- \_\_\_\_\_ Attach a survey and legal description of the property encompassed within the application.
- \_\_\_\_\_ Must file with this application a \$10,000 bond issued by a surety qualified to do business in Texas.
- \_\_\_\_\_ Must attach proof of ownership of property or written statement including name, address and telephone number of the property owner or authorized agent, granting permission for operation of business at proposed location. If the property owner is a partnership or corporation, the statement shall include the name, address, and telephone number of one of the partners or one of the principals prior to issuance of any license.
- \_\_\_\_\_ Must attach evidence that the owner of all land located within 1,000 feet of the proposed site have been notified of the intent to file this application and their right to request a hearing.
- \_\_\_\_\_ Attach a certified copy of the deed restrictions for the property or a signed statement from the Director of Planning that no such restrictions exist.
- \_\_\_\_\_ Must attach a sworn and notarized statement that all matters stated in this application are true and correct.
- \_\_\_\_\_ Must attach evidence applicant is at least 18 years of age by presentation of a valid identification, including a photograph showing the face of the applicant.
- \_\_\_\_\_ Must attach a signed statement from Public Works declaring if TCEQ storm water permit is or is not required.

**\*\*\* Before this application can be processed a surety bond in the amount of \$10,000 must be submitted along with the application. The bond must be valid during the entire term of the license and be submitted with each renewal application.\*\*\***

I, \_\_\_\_\_ do hereby certify that all information in this application and accompanying documents are true and correct. I understand that the permit issued is non-transferable, and that the permit remains the property of the City of Pasadena Health Department, and is subject to revocation if the establishment fails to comply with applicable city ordinances or state laws.

**DATE:** \_\_\_\_\_ **APPLICANT SIGNATURE:** \_\_\_\_\_

**NOTARY NAME:** \_\_\_\_\_ **NOTARY SIGNATURE:** \_\_\_\_\_

Date received: \_\_\_\_\_ Approved: \_\_\_\_\_  
Amount received: \_\_\_\_\_ Disapproved: \_\_\_\_\_  
Permit number: \_\_\_\_\_ Date issued: \_\_\_\_\_

*\*The City of Pasadena, Texas does not discriminate on the basis of race, color, national origin, sex, religion, age, or the handicapped status in employment or the provision of services.\**