

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

LICENSING DIVISION

9621 Ridgehaven Court, PO Box 939062 San Diego, CA 92193-9062



LICENSE APPLICATION FOR: Select all that apply					FILE # J			
[] JUNK DEAL	LER []AUT	O WRECKING YAF	RD [] NON-OF	PERATING VEHICLE	STORAGE YARD)		
[]RECYCLER	***CRV & OTH	ER SCRAP METAL	S = ***CRV C	ONLY				
CONTACT COUI	NTY PLANNING & L LSO NEED APPRO	LAND USE-ZONING A VAL FROM YOUR LO	AT (858) 565-5981. A DCAL FIRE DEPART	DEALER, OR RECYCL A MAJOR USE PERMIT MENT/FIRE MARSHAL are non-refundable)	WILL BE REQUIRE	D WITH YOUR AF	PPLICATION.	
				·		:	074 0000	
 Correct Fee 		SORMILIED WITH	I YOUR APPLICATI	ON - Please contact	our office for an ap	pointment (858)	<u>974-2020.</u>	
should be o	Permit s Parcel Number of property where activity will occur. (Infore obtained from the Department of Zoning 858-565-5981 prior to turning in your application.) Introduced from the Department of Zoning 858-565-5981 prior to turning in your application.) Introduced from the Department of Zoning 858-565-5981 prior to turning in your application.)							
 Hazardous Vehicle Dis 	Material Certificate mantler License - (F	 County Environmer From DMV) 	ntal Health Permit or	Unified Program Facility			(<u></u>	
Ceritified A	ppliance Recycler P	tification (CalRecycle) ermit (CAR)						
 Weighmast Stormwater 	r Permit							
 Weights an Fictitious B 	nd Measures Inspect Lusiness Name State	tion Report/Form/Recement	eipt					
Seller's Per								
15. DMV Motor 16. Other								
	Ξ:			-	TELEPHONE #			
BUSINESS ADDF	RESS:			FAX #				
				ADDRESS:				
		, II DII I LIKLINI I I						
		_			DDRESS:			
Check appropr	riate Business D	Description:	PARTNER	SHIP LLC	so 🗀 so	LE PROPRIE	TORSHIP	
		yes to corporation		Application for Sheri	iff's Dagulatom, Act	tivities form that	is attached to this	
packet.)	s unu/or vusiness	associates <u>musi</u> jiti	oui a backgrouna	Application for shert	ff s Regulatory Act	ivilles form that	is attached to this	
OWNER OF PREM	MISES:				Phone #:			
PLANNED SC	HEDULE OF C	<u>OPERATION</u>						
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
OPEN AT:								
CLOSE AT:	1							

BUSINESS NAME:								
DO YOU ACCEPT/BUY TYPE OF SCRAP METAL? [] \	YES [] NO							
DO YOU ACCEPT/BUY ANY APPLIANCES? [] YES [] NO								
IF APPLYING AS A RECYCLER IN SCRAP METAL, WHAT OTHER TYPES OF RECYCLABLE MATERIAL WILL YOU BE ACCEPTING?								
(EXAMPLE: GLASS, PAPER, PLASTIC, USED) MOTOR OIL, OIL FILTERS)							
I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFOR AND BELIEF. I AGREE TO HAVING ALL REQUIRED NOTIO ON THE APPLICATION. I HAVE READ AND UNDERSTAND TH PERTAINING TO THE OPERATION OF THIS BUSINESS. *************************	**************************************							
Name of Applicant:Signature of Applicant:								
	Date:							
Local Fire Department/Fire Marshal (REQUIRED BY APPLICANT) Approved Disapproved Comments By Date Fire Chief Fax ()	Sheriff's Department-Licensing Division Approved Disapproved Comments By Date							
Dept of Planning & Development Services - Noise	Dept of Agriculture Weights & Measures							
Approved Disapproved Comments By Date	Approved Disapproved Comments By Date							
	-,							
DEPT OF ENVIRONMENTAL HEALTH - Hazmat	LOCAL -Sheriff's Station							
Approved Disapproved Comments By Date	Approved Disapproved Comments By Date Admin Lt. MS							
Dept of Planning & Development Services - Zoning	Sheriff's Department-Licensing Division							
Approved Disapproved Comments By Date	Approved Disapproved Comments By Date							