



CITY OF MARION BUSINESS LICENSEE – JUNK DEALER APPLICATION

(This application shall be submitted as required by Chapter 130 of the Marion Municipal Code.)

Please complete all sections of this application. An incomplete application will be returned to applicant.

PLEASE RETURN TO:
Marion City Hall
1225 6th Avenue | Marion, IA 52302
Phone: 319-743-6327
Fax: 319-377-7892
licensing@cityofmarion.org

OFFICE USE ONLY:	
License #: _____	Exp. Date: _____
Fee Submitted: _____	Receipt #: _____
Date Submitted: _____	Date Approved: _____
CC: Police Department	

____ NEW APPLICATION ____ RENEWAL APPLICATION

1. **APPLICANT INFORMATION**

Name of Applicant: _____
Driver's License #: _____ Social Security #: _____
Mailing Address: _____
Daytime Phone #: _____ Evening Phone #: _____

2. **BUSINESS INFORMATION**

Name of Business: _____
Business Address: _____
Business Phone #: _____
Federal Tax Identification #: _____

3. **BUSINESS MANAGER INFORMATION**

Name of Business Manager: _____ SS#: _____
Mailing Address: _____
Daytime Phone #: _____ Evening Phone #: _____

4. License Fee Enclosed (\$50 per year): ____ YES ____ NO

THIS LICENSE IS NON-TRANSFERABLE AND DOES NOT CONSTITUTE PROPERTY OR PROPERTY RIGHTS OR INTERESTS OF ANY KIND.

THIS LICENSE IS SUBJECT TO REVOCATION BY THE MARION CHIEF OF POLICE AT ANY TIME THE CHIEF DETERMINES IN THE EXERCISE OF THE CHIEF'S SOLE DISCRETION THAT TO DO SO WOULD BE IN THE BEST INTEREST OF THE PUBLIC.

APPLICANT HAS READ AND IS FAMILIAR WITH THE ORDINANCES OF THE CITY OF MARION RELATING TO JUNK DEALERS AND IN PARTICULAR CHAPTER 130 OF THE MUNICIPAL CODE OF MARION AND AGREES TO COMPLY WITH SUCH ORDINANCE.

THE APPLICANT HAS PERSONAL KNOWLEDGE OF THE INFORMATION CONTAINED IN THIS APPLICATION AND IT IS TRUE AND CORRECT.

Signature Date

INSPECTIONS/APPROVALS

Building Official Signature Date Approved: _____ Denied: _____

COMMENTS: _____

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Fire Chief Signature Date Approved: _____ Denied: _____

COMMENTS: _____

APPROVAL/BACKGROUND CHECK

Police Chief Signature Date Approved: _____ Denied: _____

COMMENTS: _____

LICENSE ISSUANCE

City Clerk Signature Date Approved: _____ Denied: _____

COMMENTS: _____