



**BUREAU OF CODE ENFORCEMENT  
CITY OF SCHENECTADY  
NEW YORK**

City Hall  
105 Jay Street, Room 17  
Schenectady, NY 12305  
Tele: (518) 382-5050  
Fax: (518) 372-9459

**SCRAP METAL PROCESSOR LICENSE APPLICATION**

**CHAPTER 216 §1-15**

\_\_\_\_\_

**FEE: \$125.00** (license expires June 30 of each year) Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Tele: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Tele: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Right of Occupancy:       Ownership       Rental

**REQUIRED DOCUMENTS:**

Department of State Certification of Incorporation (if any) \_\_\_\_\_

Partner Certification (if any) \_\_\_\_\_

Partner's Name: \_\_\_\_\_

Partner's Address: \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public/Commissioner of Deeds

Commission Expiration Date \_\_\_\_\_

The undersigned applicant certifies that all  
information provided is true and accurate and  
that the owner of this building and the  
undersigned agree to comply with all applicable  
laws of the City of Schenectady.

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Signature of Applicant

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Signature of Code Enforcement Officer

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Date