



City of Seattle

Finance and Administrative Services

700 5th Ave, Ste 4300
P.O. Box 94785
Seattle, WA 98124-4214
Telephone: 206-386-1267

Customer Nr: _____
Obligation Nr: _____
License Fee: \$ \$500.00

Recycler License Application/Renewal

SMC 6.250

Expires annually on March 31st

Starting date:

Legal name: _____
Individual Partnership Corporation

Trade name: _____

Business address: _____
(Do not use PO Box or PMB)

Mailing address: _____

Business phone number: _____ Email address: _____

List the name, residence address and phone number, and date of birth of the applicant; partners; officers or directors (if a corporation); manager; supervisor; and operator of the business.

Name	Title	Residence address	Phone number	Birth date

Name, residence address and date of birth of the majority stockholder of the corporation, if not named above.

Name	Residence address	Birth date

Name, address, phone numbers of the owner/landlord of the premises upon which the business is located.

Name	Residence address	Business phone	Home phone

Has the applicant or any person named above been convicted within the last five (5) years of a crime other than traffic citations; or does any applicant or any person named above have any criminal charges currently pending?

Yes____ No____ If yes, give details, including date(s), place(s) and offense(s):

Note: Convictions do not automatically disqualify the applicant.

Please complete the reverse side of this form ONLY if you are applying for a NEW license.

Notarization is only required for new applications, not renewals.

STATE OF WASHINGTON)
COUNTY OF KING)
CITY OF SEATTLE)

ss.

OATH AND NOTARIZED SIGNATURE REQUIRED
By Notary Public

I, _____, being first duly sworn upon oath, deposes and say, under penalty of perjury under the laws of the State of Washington, that I have personal knowledge of the matter stated in this application and statements contained therein are true.

**I UNDERSTAND THAT FILING A FALSE APPLICATION
IS GROUNDS FOR DENIAL OF THIS LICENSE.**

X _____
AUTHORIZED SIGNATURE

Subscribed and sworn to me this _____ day of _____, 20 ____.

NOTARY PUBLIC