



CITY OF SIOUX CITY, IOWA
APPLICATION FOR SALVAGE OPERATOR'S LICENSE
 (Chapter 4.44 of the Sioux City Municipal Code)

Name of Applicant: _____

Name of Business: _____

Address of Business: _____

Names and addresses of all persons associated with this business:

Name	Address	City/State

Please describe in detail the nature of your business: _____

Name of contact person: _____ Phone Number: _____

Signature of Applicant

Date

FOR CITY USE ONLY

Fee Paid: \$ _____ Receipt #: _____ Date Filed: _____

License #: _____ Term of License: _____

Duplicate License Form for employees attached: Yes No N/A

Date Approvals Requested on: _____

Fire Prevention:	Approve:	<input type="checkbox"/>	Deny:	<input type="checkbox"/>	Date: _____
Building Inspection:	Approve:	<input type="checkbox"/>	Deny:	<input type="checkbox"/>	Date: _____
Zoning Enforcement:	Approve:	<input type="checkbox"/>	Deny:	<input type="checkbox"/>	Date: _____

(Note: If application is denied, please attach a separate sheet giving reasons for denial.)

The City of Sioux City does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services, or activities. Individuals who need auxiliary aids for effective communication in programs and services of the City of Sioux City are invited to make their needs and preferences known to the ADA Compliance Officer, City Hall, 405 6th Street, Room 204, (712) 279-6259. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990.