



ALABAMA DEPARTMENT OF REVENUE
SALES, USE & BUSINESS TAX DIVISION
SEVERANCE & LICENSE SECTION

P.O. Box 327550 • Montgomery, AL 36132-7550 • (334) 242-9612

LIC: 756-1 7/09

For Office Use Only
New Renewal

Application for License as an
Automotive Dismantler and Parts Recycler

October 1, 2009 through September 30, 2010

County

Table with 2 columns: Description (Motor Vehicle Dismantler, Dismantler - Issuance Fee, etc.) and Amount.

FOR OFFICE USE ONLY
Interest Begin Date
Interest End Date

Insufficient Funds Will Result In
License Revocation

1. LEGAL NAME OF BUSINESS DBA NAME TELEPHONE NUMBER

MAILING ADDRESS CITY STATE ZIP

2. Form of Organization: Individual Partnership Limited Liability Company Corporation

Provide the information below. If individual, give owner; if partnership, give partners; if limited liability company, list all members; and if corporation, list officers and directors.

Table with 5 columns: NAME, TITLE, SOCIAL SECURITY NO., HOME ADDRESS & CITY, HOME PHONE. Rows A, B, C.

3. Show exact permanent location(s):

ADDRESS CITY ZIP

Primary Location

Second Location

Third Location

- 4. A. State Sales Tax Number (RETAIL SALES ONLY)
B. Federal Employer ID Number
C. Date Dismantler/Recycler Business Began
D. Number of Employees

FOR OFFICE USE ONLY
Approved By:
Entered By:
Date:
Walk-In:
Expiration Date:
Bond Number:

5. The questions in part 5 must be answered by **ALL APPLICANTS**.

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Were you a Licensed Dismantler during the prior license year? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The law further requires that "every automotive dismantler and parts recycler shall keep a register of all purchases and sales of motor vehicles for five (5) years from the date of purchase or sale showing make, model, year, body style, vehicle identification number, and the name and address of purchaser or seller" (Section 40-12-419, Code of Alabama 1975). Said records must be available and open at reasonable business hours on business days to state, county, and municipal law enforcement officers. Do you acknowledge awareness of this statement? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you certify that the principal business locations reflected in this application for the license as an Automotive Dismantler and Parts Recycler meets all zoning requirements of the federal, state, and municipal laws, and complies with screening and beautification regulations declared in the Highway Beautification Act - Junkyard Control. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Has the applicant, applicant's partner(s), corporate officer(s), or manager(s) ever knowingly dealt in stolen motor vehicles, parts, or accessories? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Has the applicant, applicant's partner(s), corporate officer(s), or manager(s) ever filed a materially erroneous or fraudulent tax return (income tax, sales tax, etc.) with the Ala. Department of Revenue? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Has the applicant, applicant's partner(s), corporate officer(s), or manager(s) had a felony conviction of a state or federal law involving theft, or been convicted of a violation of the Alabama Certificate of Title and Antitheft Act? | <input type="checkbox"/> | <input type="checkbox"/> |

Under penalties of perjury, the undersigned hereby certify that all information contained in this application is true and correct in every respect; furthermore, that the undersigned is/are aware of all requirements provided by Sections 40-12-411 through 40-12-425, **Code of Alabama 1975**, and is/are aware of all applicable penalties for code violations.

Name of Business

NOTE: Multiple member limited liability company must complete authorization form on page 9 if only one member signs this form.

Signature of Owner, Partner, Member, Officer or Director

Type or print name

Signature of Partner, Member, Officer or Director

Type or print name

Signature of Partner, Member, Officer or Director

Type or print name

Signature of Partner, Member, Officer or Director

Type or print name

**If you are located outside the city limits,
please use this area to draw a map to your exact location.**