



# City of Westfield, Massachusetts City Clerk's Office

## APPLICATION FOR A JUNK DEALER LICENSE

**FEE:** \_\_\_\_\_

**Date Completed** \_\_\_\_\_

Full Name of Business \_\_\_\_\_

Include: Corporation or LLC    d/b/a    other

Business Address \_\_\_\_\_ Bus. Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Web Address \_\_\_\_\_

Name of Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_

Telephone# of Owner \_\_\_\_\_ Cell phone# \_\_\_\_\_

If Corporation or partnership, give name, title, and home address of officers or partners:

Name

Title

Home Address

Signature of person completing this application: \_\_\_\_\_

**NOTE:** Any false statement made by the Applicant knowing of its falsity or made without taking reasonable steps to determine its truth, or any incomplete or illegible information shall be cause or grounds for refusing to grant the license or permit, or for suspending, canceling or revoking a license or permit already properly granted.

I do hereby certify under the pains and penalties of perjury that the information provided in this application is true and correct.

\_\_\_\_\_ Signature of Owner or Corporate Name (Mandatory)

Full signature required

**Please sign and date indicating that you have received from this Office a copy of the City Of Westfield's Ordinance on Junk Collectors.**

\_\_\_\_\_ Full signature required

\_\_\_\_\_ Date