

TOWN OF HUDSON, NEW HAMPSHIRE

Application for licensing and regulating purchases of scrap metals

Please return completed application form to the Board of Selectmen's Office, 12 School, Hudson, NH 03051

1. Legal Name of Business: _____

2. Principal Address of Business: _____

3. Business Phone: _____

4. Describe briefly the nature of the business: _____

5. Owner(s) _____

A. Home Address (include zip code) _____

Birthplace _____ DOB _____ Driver's license _____

B. Name/Home Address (include zip code)

Birthplace _____ DOB _____ Driver's license _____

C. Name/Home Address (include zip code)

Birthplace _____ DOB _____ Driver's license _____

6. Person(s) who would at any time supervise the operation

A. Name/Home Address (include zip code) _____

Birthplace _____ DOB _____ Driver's license _____

B. Name/Home Address (include zip code) _____

Birthplace _____ DOB _____ Driver's license _____

C. Name/Home Address (include zip code) _____

Birthplace _____ DOB _____ Driver's license _____

7. Does applicant own or lease property? _____

8. If leasing, name and address of property owner _____

9. Has applicant ever been denied any Town license or had any license of any type revoked by the Town of Hudson? Yes _____ No _____

10. If the answer to Item 9 is Yes, please provide date and reasons for denial or revocation of said license.

11. Does the applicant understand that such license, if granted, will be subject to all provisions of Ordinance 098-03, amending chapter 248 "Licenses and Permits" of the Code of Hudson, authorizing the passage of licensing and regulating purchases of scrap metals, and does the applicant agree to abide by and be subject to all provisions of this ordinance as it may be from time-to-time amended?

Yes _____ No _____

12. Does the applicant agree that his place of business shall be open at all times for inspection by any authorized Town official, such as Police and Fire? Yes _____ No _____

13. Is the place of business incorporated under NH law? Yes _____ No _____

14. Name and address of three (3) references:

I/we, the undersigned, certify that all information provided in this application is true and complete to the best of my/our knowledge. I/we authorize the Town of Hudson, or its agents, to contract references listed for the purpose of validating this data and attesting to the moral and financial character of the business. We understand that any false statement will be considered sufficient grounds to refuse issuance of a license to operate a business described herein.

Signature of applicant(s)

Date _____

Recommendation of Chief of Police: _____

Chief's Signature/Date