



# APPLICATION FOR AUTOMOTIVE SALVAGE RECYCLER BUSINESS LICENSE

State Form 40248 (R10 / 6-15)

Approved by State Board of Accounts, 2015

**CONNIE LAWSON**  
**SECRETARY OF STATE**  
**DEALER DIVISION**  
 302 W. Washington Street, Room E018  
 Indianapolis, Indiana 46204-2700  
 Telephone: (317) 234-7190  
 Fax: (317) 233-1915  
 www.sos.in.gov

Go to [www.in.gov/sos/dealer](http://www.in.gov/sos/dealer) for a list of required documents.

**NOTE:** The person or officer with jurisdiction over the real property described on this form must verify compliance with zoning and local ordinances in the relevant section below. If there is no person or officer with jurisdiction over the real property, you must include a written statement to that effect from the executive of the unit in which the property is located. The statement must state that the proposed location is zoned for the operation of the type of business described in this application.

1. Name of business			
Business address (number and street)		City	State
ZIP code			
County	Telephone number (       )	E-mail address	
2. Retail merchants certificate tax identification number		Location	3. Federal ID number
If you have a rural location, please give directions to place of business			
4. Check the function(s) for which you wish to be licensed: <input type="checkbox"/> Recycling facility <input type="checkbox"/> Salvage rebuilder <input type="checkbox"/> Used parts dealer			
5. Check the activities to be conducted at this location: <input type="checkbox"/> 1. Selling used major component parts of vehicles; <input type="checkbox"/> 2. Wrecking or dismantling vehicles for resale of their major component parts; <input type="checkbox"/> 3. Rebuilding wrecked or dismantled vehicles; <input type="checkbox"/> 4. Possessing two (2) or more inoperable vehicles subject to registration for more than thirty (30) days; <input type="checkbox"/> 5. Engaging in the business of storing, disposing, salvaging, or recycling of vehicles, vehicle hulks, or the parts of vehicles. <input type="checkbox"/> 6. Disposing of recyclable materials to a scrap metal processor or other appropriate facility.			
6. Has any owner, partner, director, or agent on the application ever been arrested or convicted of a crime that has not been expunged by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please give details:</i>			
7. Has any owner, partner, officer, director or agent of applicant had an Automotive Salvage Recycler license suspended or revoked or had an application for an Automotive Salvage Recycler license rejected in this or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, explain:</i>			
Liability and property damage insurance is required of all applicants licensed under IC 9-32.			
8. Name of insurance carrier		Policy number	Date of expiration (month, day, year)
9. Name of bond carrier		Bond number	Date of expiration (month, day, year)
10. Check type of business organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP			
Include Articles of Incorporation with the application, if applicable.			

11. If Sole Proprietorship, list information for owner. If Partnership, list information for all partners. If Corporation, list information for all officers. If Unincorporated Association, list information for all managers or chief administrative officials. *Include Articles of Incorporation with application, if applicable.*

NAME	TITLE	HOME ADDRESS (number & street, city, state, & ZIP code)	HOME TELEPHONE NUMBER
			( )
			( )
			( )
			( )
			( )

The applicant and all corporate officers, partners, and owners must submit to a national criminal history background check (as defined in IC 10-13-3-12) administered by the State Police at the expense of the applicant and the corporate officers, partners, and owners. The Secretary of State may deny an application based upon felony or misdemeanor convictions related to dealing in motor vehicles.

12. State the name and address of the person upon whom legal service of process may be made:

Name	Address (number and street, city, state, and ZIP code)	Telephone number ( )
------	--	-------------------------

13. If corporation, give the date and state of incorporation.	14. If foreign corporation, state the date of admission to do business in Indiana.
---	--

15. Has any owner, partner, officer, or director of applicant owned or worked for another salvage operator in this or any other state?  
 Yes  No *If Yes, give name of individual and name and address of business.*

Name of individual	Name of business
--------------------	------------------

Address of business (number and street, city, state, and ZIP code)

Name of individual	Name of business
--------------------	------------------

Address of business (number and street, city, state, and ZIP code)

16. Indicate whether your establishment is owned or leased. <input type="checkbox"/> Owned <input type="checkbox"/> Leased	If leased, name of lessor
---	---------------------------

Address of lessor (number and street, city, state, and ZIP code)	Telephone number ( )
--	-------------------------

17. Is this location devoted solely to the business of recycling, rebuilding, dismantling, crushing and/or exchanging used motor vehicle parts / vehicles?  
 Yes  No

If no, explain:

**To be completed by the Executive of City, Town or County, as set forth in IC 36-1-2-5**

I, the undersigned, verify compliance with local zoning ordinances for conducting a Motor Vehicle Salvage Operation at the designated business location.

Authorized signature	Date (month, day, year)
----------------------	-------------------------

Name of authorizing agency	Title
----------------------------	-------

**CERTIFICATION**

I hereby certify, under the penalty of perjury, that I am authorized to make this application and that the answers and information contained in this application are true and correct.

Signature of applicant	Date (month, day, year)
------------------------	-------------------------

Printed or typed name	Title
-----------------------	-------