Metal Recycler Checklist

All Items listed below must be included with your initial application and when renewing your application:

1. Proper zoning is required for establishment or expansion & specific use authorization is required by City Council. (See City Code 16-204)
2. Notarized DSD Application: all applications must be signed and sworn to by the party applying for the license (by a general partner of a partnership and by an officer of a corporation) before a notary public or other official authorized to administer oaths. (Attached)
3. Texas Commission on Environmental Quality (TCEQ) storm water multi-sector permit for that location (Applicants responsibility)
4. San Antonio Water System (SAWS) letter of compliance regarding compliance with the Texas Pollutant Discharge Elimination System for that location dated within the last fifteen (15) months (Applicants responsibility)
5. A copy of the State of Texas registration as a metal recycling entity (Applicants responsibility)
6. Copy of the national pollutant discharge elimination system discharge permit or notice of coverage for that location if required. (Applicants responsibility if required)

The annual metal recycling entity license fee shall be $5,000 paid to the city with the license application.

The Cities Used Metal Recycler Program, City Code 16-206 can be reviewed at www.municode.com.

Need more information please call: Call 210-207-1111 or visit us 1901 S. Alamo, San Antonio Texas, 78204

CITY OF SAN ANTONIO
DEVELOPMENT SERVICES DEPARTMENT
P.O.BOX 839966 I SAN ANTONIO TEXAS 78283-3966

APPLICATION FOR METAL RECYCLING ENTITY LICENSE

This application is for: ☐ New License ☐ Renewal Year of Application:_____

I, _____ do hereby apply to the City of San Antonio for a license to operate a metal recycling entity business within the corporate limits of the City of San Antonio, Texas. The license applied for shall be subject to all provisions of the codes and ordinances of the city relating to metal recycling entities as well as all state and federal regulations relating to such operations. I make this application in my capacity as:

- ☐ Sole proprietor
- ☐ General partner of a partnership
- ☐ Officer of the corporation, the title of my office being _____ owning or existing as the existing business operation for which this license is sought.

Full name of applicant: _____

Home address of applicant: _____

Phone number of applicant: _____ DOB: _____

Email address of applicant: _____

Name of applicant business: _____

Business phone number: _____

Business address: _____

Preferred Mailing Address: _____

Property owner name: _____

Property owner address: _____

Property owner phone number: _____ DOB: _____

Legal description of business premises: NCB: _____ BLK: _____ LOT: _____

Zoning district of business premises: _____

☐ Check if Zoning Verification Letter attached

If business is owned by a Partnership or Corporation, list the name, position, home address and business address of each partner or corporate officer. Attach additional pages if necessary.

_____

_____

_____

_____

_____

_____

CITY OF SAN ANTONIO
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This proposed business operation shall primarily be engaged in acquiring or processing used and obsolete ferrous and nonferrous metals, excluding used automotive parts recycling. All required documentation listed below is included with this application and all related back-up materials are available for inspection during normal business hours by a Code Enforcement Officer or Police Officer.

- ☐ A copy of the national pollutant discharge elimination system discharge permit or notice of coverage for business location, if required
- ☐ A copy of the approved Texas Commission on Environmental Quality (TCEQ) storm water multi-sector permit for business location
- ☐ A copy of a San Antonio Water System (SAWS) letter of compliance regarding compliance with the Texas Pollutant Discharge Elimination System for business location dated within the last 15 months
- ☐ A copy of the State of Texas registration as a metal recycling entity

I UNDERSTAND AND AGREE THAT ANY FALSE STATEMENT OR FAILURE TO FULLY COMPLY WITH ANY ASSERTION HEREIN SHALL IMMEDIATELY VOID THIS APPLICATION AND RESULT IN THE DENIAL AND REVOCATION OF ANY LICENSE GRANTED BASED UPON THIS APPLICATION.

Signature _____

Date _____

STATE OF TEXAS §

COUNTY OF BEXAR §

BEFORE ME, the undersigned authority on this day personally appeared _____, and after by me being duly sworn states under oath that all the above and foregoing statement and each part thereof is true and correct.

ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, IN THE YEAR OF _____.

_____
NOTARY PUBLIC, STATE OF TEXAS