

Junk Dealer Section 103.305

STEPS FOR OBTAINING A PERMIT

1. Submission: Applications will not be accepted by mail. Please send your completed application documents by email to pcpermitapplications@lapd.online

2. **Review:** Once received, an Investigator will review your application for completeness and reach out to schedule your in-person appointment.

3. Appointment: During the appointment you will turn in the original application documents and complete the payment required for processing the permit with the Office of Finance.

4. **Investigation:** The Investigator assigned to your case will complete the investigation and reach out to inform you of the final notice.

PLEASE NOTE

- This permit applies to businesses who store collected materials overnight. If you release collected materials daily you will need to apply for a Junk Collector permit instead.
- The cost of processing applications for this permit is **\$152.00**, subject to change.
- CID does not have a designated area for visitors. If you plan to park on the street, metered parking is limited to 1 hour. Plan ahead, and allow extra time to find a parking garage. Please be prepared for any unexpected delays or parking issues.
- Permits are **not transferable**. If you are moving locations or there is a change in ownership, you are required to re-apply.

If your application remains incomplete 30 days after submission, your case will be filed without further action, and you will <u>NOT</u> be allowed to continue with the process. You may resubmit at any point after you have made the necessary changes to your application.

You can find more information pertaining to this permit at: https://codelibrary.amlegal.com/ codes/los_angeles/latest/lamc/0-0-0-193387



100 West 1st Street, Los Angeles, CA 90012 · (213) 996-1210 · Fax (213) 996-1239

Junk Dealer Section 103.305

Business Name:

Business Address:

	Forms & Documents Needed To Complete Application	DONE	N/A
1	Business Information - Face Sheet Form		
2	Owners & Applicants Form (Ownership should equal 100%. If not, explain in the space provided)		
3	Personal Application Form (<i>Each owner must complete a personal application</i>) - DO NOT SIGN UNTIL INSTRUCTED BY INVESTIGATOR OR NOTARIZED		
4	Copy of the applicant's valid state Driver's License or State Identification - The address must match the applicant's information on the Personal Application - Shall not be expired		
5	 Completed Live Scan Form Only valid for 30 days from date on the live scan form, do not complete until instructed to do so by investigator If residing in California, go to any Live Scan location: https://oag.ca.gov/fingerprints/locations? county=Los%20Angeles If out-of-state, fingerprint cards are available. These require: 1. Check payable to California Department of Justice for \$32 per card and 2. Request for Exemption form per applicant card 		
6	 Original Zoning & Clearance From Bring the form provided (page 8) to the Department of Building and Safety, Zoning Administration Must submit original form (Signature, date, contact number, and stamp needed or will not be accepted) Follow the instructions on the procedure form (page 9) to schedule your appointment 		
7	Copy of Complete Lease Agreement and/or Purchase Documents - Must indicate legal/applicant's name(s), business address, current lease dates and usage - Include supplemental documents, amendments, & assignments. Provide a lease history chart if needed. Anyone listed as a lessee must submit a personal application		
8	Statement of Type of Material Collected		
9	Statement of Type or Manner of the Operations		
10	Requirements for Applicants Applying Through an Aide -Consultant teams will need a letter of authorization from the applicant to submit -If an employee of the applicant is submitting, use a Designation of Qualified Manager form (page 12)		
11	Entity Checklist -Refer to page 3 to review which documents are applicable to your application		
12	Copy of Municipal Code regarding Junk Collector Permits (For informational purposes only)		



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Business Name:

Business Address:

* Your business must be registered in California to do business in this state.

Additional Forms Needed To Complete Application Per Business Entity Type	Select Applicable
Sole Proprietorship	
Partnership - A Partnership agreement naming all partners; or - Certificate of Limited Partnership for limited partners certified by the Secretary of State	
Limited Liability Companies (LLC) - Articles of Organization - Operating Agreement (Identifying all members) - Fictitious name statement (certified by the State) - All members with a controlling interest of 5% or more shall apply	
 Corporation (C-Corp, S-Corp and Professional Corp) Corporate Resolution or Meeting Minutes (Identifying officers and signed by Corporate Secretary) Articles of Incorporation (Certified by the State of CA); if out of State submit equivalent Copy of Stock Certificates All officers and all persons owning a controlling interest in a non publicly traded corporation 	

*All forms detailed above must be submitted according to the business entity the applicant(s) is filing as. Any forms not completed or provided at the time of submission will result in an incomplete application. Incomplete application will not be accepted for processing by any permit staff.



Business Information - Face Sheet

A Face Sheet must be completed for each permit type for each location. For example, if a business needs a Massage Permit and a Bath permit, two Face Sheets must be completed.

For Police Commission Use Only - Do Not Write In This Section

Type of Permit:		JUNK COLLI	ECTOR
PC Account No:			
			CID Staff Stamp Here
RD No:	Council District No:	_	
Complete All Fields -	Do Not Leave Anything Blank	k	
Type of Business Entit	ty: (Please check one)		
Sole Proprietorship	Partnership	Limit	ed Liability Company (LLC):
Corporation	Non-Profit	Other	
Entity Name:			
Doing Business as (D	BA):		
Business Address:			nbers, etc.)
	(Must include: Apartment,	Suite, Space, Unit nur	
City:			Zip Code:
Mailing Address:			
	(If address is same as above	ve, write "same")	
City:		State:	Zip Code:
Contact Phone No:		Business Pho	ne No:
Email of Business:			



Owners and Applicants Form

This form must be completed for each owner or person(s) required to apply for the PC Permit, indicating the percentage of ownership for each applicant. The percentage of ownership should add up to 100%; if not, please explain in the space provided.

Doing Business as (DBA):

Name (All Required Applicants)	Title (President, CEO, CFO, Secretary, etc.)	Percent of Ownership
	Total Percentage of Ownership	

If the percentage of ownership does not add up to 100%, explain below:



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Personal Application

Per LAMC Chapter X, all owners and partners must complete the required forms. Providing incomplete or inaccurate information may delay or impede the processing of your application. False or misleading information on these forms may result in legal consequences.

Applicant Personal Information - Do Not Leave Anything Blank

Name of Applicant	t:				
Home Address:		(Must include: Apartment, Suite, S			
City:		(Must include: Apartment, Suite, S	pace, Unit numbers, etc.)	Zip Code:	
		Bus			
		Driver's License/ID:			
Gender:	Height:	Weight:	Hair Color:	Eye Co	olor:
Applicant History	- Do Not Leave	Anything Blank			
If married, will you	ur spouse be invo	olved with the business?		Yes	No
(If you answered yes a	and are applying as	a sole proprietor or partnership	, your spouse must apply	.)	
Have you ever use	d any other name	es in the past?		Yes	No
If yes, list other na	mes used:				
List previous perm	its held:				
Have you ever bee	n denied, suspen	ded or revoked a Police Co	nmission Permit?	Yes	No
Have you ever bee	n arrested for a c	crime resulting in a conviction	on?	Yes	No
If you answered "Y	YES," please pro	vide details:			
Date:		City:			
Charge:		Disp	osition:		
Details:					
*Use additional po	ages if needed.				

READ CAREFULLY BEFORE SIGNING

I declare under the penalty of perjury and under the law of the State of California, all information contained on this Police Permit Application and any supplemental documents is true and correct. I understand that all information provided and statements made are subject to investigations and any false statements may be grounds for denial or revocation of permits issued by the Los Angeles Police Commission.

All applicants not present to sign must have this application form NOTARIZED. The notary shall stamp and sign this form or provide the proper Acknowledgement/Jurat. The document must be titled "Application for Police Permit" or it will not be accepted.

TOP DO NOT SIGN UNTIL INSTRUCTED	TO DO SO - Must be witnessed by a Deputy C	City Clerk or prepared by a Notary Public.
Applicant's Signature:		Date:
Print Name:		
Witness Signature:	Print Name:	Date:

REQUEST FOR LIVE SCAN SERVICE *Applicant Submission*

ORI: CA0194200 Type of Application: ILCENSE CERT OR PERMIT Job Tille or Type of License, Certification or Permit: ************************************	***FOLLOW INSTRUCTIONS BELOW***	
Agency Address Set Contributing Agency: IAPD CAPDLOS ANGELES) Agency Address Set Contributing Agency: IAPD 23 Street No. Agency Biling Number Iast First Male First Male Fermale Misc. No. Bil N/A Agency Biling Number Street or P.O. Box Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Im	ORI: CA0194200 Type of Application: LI	CENSE CERT OR PERMIT
LAPD (CAPDLOS ANGELES) 14923 < APD has many codes. Use this.	Job Title or Type of License, Certification or Permit:	**** POLICE COMMISSION PERMIT
LAPD (CAPDLOS ANGELES) 14923 < APD has many codes. Use this.		
Agency suborized to receive criminal history information Mail Code (five digit code assigned by DOJ) 700 E. TEMPLE ST. STE B22 Contact Name (Mandatory for all school submissions) LOS ANCELES CA 91351 City State X Place of Birth: Image: Color of the state of		14022 / LADD has many adda Use this
700 E. TEMPLE ST. STE B22 Street No. Street or P.O. Box LOS ANGELES CA 91351 City State Zip Code Contact Name (Mandatory for all school submissions) (213) 996-1210 Contact Telephone No. State Zip Code Contact Telephone No. State State State City Street or P.O. Box City Street or P.O. Box City, State and Zip Code Street or P.O. Box City, State and Zip Code Street or P.O. Box Street No. Street or P.O. Box City, State and Zip Code Street or P.O. Box City, State and Zip Code Street or P.O. Box City Street or P.O. Box Mail Code (five digit code assigned by DOJ) City <td< td=""><td></td><td></td></td<>		
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions) LOS ANGELES CA 9151 (213) 996-1210 City State Zip Code Contact Telephone No. ###ENTER INFORMATION FOR 1 = 11b### Live Scan Operator: Be sure to enter all items. Name of Applicant: [(please print) Last First Last First MI Date of Birth: [] Sex: Male Height: [] Weight: [] Hair Color: [] Home Address: [] Eye Color: [] Hair Color: [] Your Number: TRC# Itevel of Service X] DOJ Your Number: TRC# Level of Service X] DOJ FBI First Street No. Street or P.O. Box [] [] Service X] DOJ FBI If resubmission, list Original ATI No.		
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100 West 1st Street, Los Angeles, CA 90012 · (213) 996-1210 · Fax (213) 996-1239

Zoning and Use Clearane Form

PC Permit Type(Limit 1 per form):	JUNK DEALER	P 947
Address of Business:		
Located between streets:		
	CTOR TO ANSWER ALL ENTRIE	
Zone:		
LADBS Permit Type: LADBS Permit No. :		
Business shown is is not A PERM	ITTED USE	
Business shown is is not A PERM	IITTED USE BY THE OCCUPAN	CY RECORD
*Applicant Note – Additional Building and Safet	y and/or Zoning requirements may be a	applicable and imposed.
Is a Conditional Use Permit Required?		Yes No
CUP ZA No.	(Please provide copy)	
Has the USE been vacated for greater than one	e year?	Yes No
Remarks:		
LADBS Signature:	Pla	ace Stamp Here
LADBS Printed Name:		-
Date:		
Contact No:		
Building and Safety Locations:	Open to the Public - Appointment only (www. l	adbs.org)
Downtown Los Angeles: 201 N. Figueroa Street, First Floor, I Hours of Operation: Monday through Friday, 7:30 a.m. to 4:3	-	
Van Nuys: 6262 Van Nuys Blvd #251, Van Nuys, 91401 Ho Monday, Tuesday, Thursday, Friday, 7:30 a.m. to 4:00 p.m. Wednesday: 9:00 a.m. to 4:00 p.m.	urs: West Los Angeles: 1828 Sawtel Hours: Monday, Tuesday, Thursd Wednesday: 9:00 a.m. to 4:00 p.n	ay, Friday, 7:30 a.m. to 4:00 p.m.
The Los Angeles Police Commission will not issue a permit fo Be advised that this form is only valid if signed, dated, stamped Department of Building and Safety. All incomplete forms will	d and all fields on the form are completely filled	out by a representative of the

Zoning and Use Clearance Form Procedure

Please use the following steps to complete your Zoning and Use Clearance Form:

Step 1: Make a "New Submittal" appointment with LADBS, using the following BuildLA link: <u>https://appointments.lacity.org/apptsys/Public/Account</u>

Step 2: Click "Make an Appointment" located in the "Schedule Appointment" Tab

IOS ANGELES				Update on coronavirus 311 City Services LA City Directory
BuildLA				? Support - Log In / Register @
	Schedule appoir quickly and easi Make appointments across multiple age counter, and find the information you ne projects forward today.	ly v v v ncies, enter our virtual		
	Schedule Appointments Schedule an in-person or virtual appointment.	Upcoming Appointments View, cancel or reschedule upcoming appointments;	3 Previous Appointments View previous appointments and related attachments.	
	Make an Appointment	Upcoming Appointments	Previous Appointments	

Step 3: In the "Lets Get Started" dialog box make the following selections:

Agency/Department-Building and Safety (LADBS)

Select Service-Building Plan Check – New plan check submittal

Select Office- LADBS – Metro (Downtown) 4th Floor

Don't See your Service?

At your appointment time, LADBS will screen your request and documents and assign them to a LADBS engineer to review your request for approval. Additional documents may be requested.

Los Angeles Department of Building and Safety (LADBS) -201 N. Figueroa St., First Floor, Los Angeles 90012 Phone: 311 or (213) 473-3231



Statement of Type of Material Collected

Applicant's Signature: _____ Date: _____

Print Name:



Statement of Type or Manner of the Operations

Applicant's Signature: _____ Date: _____

Print Name:



Designation of Qualified Manager

(I/We) Perm	nit Holder's/Permit Applicant's Full Legal Name		
Doing Business As	Business Name (Doing Business As)	, designate the following pers	on(s)
	Full Legal Name of Qualified Manager	State Identification Number	

Full Legal Name of Qualified Manager

State Identification Number

as my/our Designated Manager, to represent (me/us) before the Los Angeles (Commission), Los Angeles Police Department, or any office or department of the City of Los Angeles with respect to (all) my police permit(s).

Said Designated Manager is authorized to receive information about all accounts related to police permits held by me/us including permit applications, history, status, disciplinary action, fees, payments taxes, and other information used by the City to transact business on police permits. Said Designated Manager is authorized to transact business in connection with police permits, including opening and closing accounts, applying for permits, canceling permits, giving oral and written information, and to perform any act or thing whatsoever concerning police permits in every aspect as (I/we) could do were (I/we) personally present. The Designated Manager has the authority to legally and financially bind the permit holder.

This Designation of Qualified Manager revokes all earlier Designation of Qualified Manager forms and shall be in full force and effect until written revocation is received by the Commission or until a new form is requested by the Commission and executed by me/us.

The undersigned permit holder(s)/applicant(s) further certifies that this Designation of Qualified Manager was completely filled in at the time of this execution.

I read, write, and understand English, or I have had the permit process and all documents, including this Designation of Qualified Manager form sufficiently explained to me.

Signed this day of							
Day	Month	Year	Master Account Number				
			This form MUST BE NOTARIZED.				
Permit Holder's/Applica	nt's Full Legal Name—Printed or Type	d	_				
			The NOTARY FORM MUST STATE THE TITLE OF THIS DOCUMENT AS "Designation of Qualified Manager" or the form will not be accepted. Notary, see additional instructions below.				
Permit Holder's/Applica	nt's Signature(s)		_				
Notary must complete the information below:							
Notary's street address:							
Notary's city, state, and zip c	code:						
Notary Public's Phone #:							
Notary Public's email addres	s (optional):						

After receipt and review of the completed form, this Designation of Qualified Manager will be applied to all permit holder accounts. This form is to be utilized for the establishing of the Qualified Manager only, and the Qualified Manager is responsible for contacting the City to request any information or complete any transaction.

The following is an excerpt of the Los Angeles Municipal Code outlining the City law regarding Junk Collector police permits.

Section 103. 304 Junk Collector

SEC. 103.305. JUNK DEALERS. (Added by Ord. No. 111,348, Eff. 7/4/58.)

(a) **Definition**. As used in this article.

1. "JUNK DEALER" means a person having a fixed place of business in this City, and engaging in, conducting, managing, or carrying on the business of buying, selling, or otherwise dealing in either at wholesale or retail any scrap metals, old rags, bags, sacks, bottles, paper, boxes, barrels, rope, and other articles commonly known as junk, any of which is not used for the same purpose for which it was originally made.

(b) **Permit Required**. No person shall engage in, manage, conduct or carry on the business of a junk dealer without a written permit from the Board.

(c) **Change of Location**. A change of location may be endorsed on a permit by the Board upon written application by the permittee accompanied by the change of location fee prescribed in Section 103.12.

(d) **Hold-Order by the Police**. A police officer may place a hold-order upon property acquired by a junk dealer in the course of his business, for a period of 90 days, and upon release of such property may require such junk dealer to keep a record of the disposition of such property. It shall be unlawful for any person to dispose of any property contrary to any hold-order issued by such police officer.