Scavenger License Application

Please print and complete this form then bring it to the Avon Lake Police Department (forms available at the Avon Lake Police Department), 32855 Walker Rd. Avon Lake Ohio 44012 during business hours, Monday-Friday 7am-3pm. Bring with you the **completed application**, **$15.00 license fee** (cash or check made out to "City of Avon Lake"), **current driver's license**, **valid vehicle registration for each listed vehicle**, **and valid auto insurance card for each listed vehicle**. The issued permit sign must always be posted on the vehicle. The application and the expiration date on the sign must be updated **annually** (along with the payment of the fee).

I, _____ **("Applicant")** hereby apply to the City of Avon Lake for a scavenger license and tenders to the City the annual license fee of Fifteen Dollars ($15.00). Applicant represents and warrants that all information furnished to the City of Avon Lake below or in connection with this Application is true, complete and correct. If issued a license, Applicant agrees to abide by and conform to all the requirements set forth in Ordinance No. 5-2013 of the City of Avon Lake, Ohio, including any amendments thereto (the "Scavenger Ordinance"), all rules and regulations set forth in this Application and all rules and regulations from time to time promulgated by the Safety Director of Avon Lake, pursuant to the Scavenger Ordinance.

RULES AND REGULATIONS

The license issued pursuant to this Application shall expire on December 31, _____.

Any term not herein defined but which is defined in the Scavenger Ordinance shall have the meaning designated in the Scavenger Ordinance.

Applicant shall immediately notify the Safety Director in writing of any changes to the information supplied by Applicant.

The foregoing rules and regulations may be supplemented, withdrawn or amended at any time by the Safety Director.

APPLICANT

Name: (Last)_____ (First) _____ (Middle) _____

Date Of Birth: _____ Phone Number: _____

Address: (Number) _____ (Street)_____ (Apt. No/Unit) _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

***IF APPLICANT IS NOT A NATURAL PERSON (e.g. corporation, partnership, limited liability co.)**

Type of Entity: _____ State of Formation: _____

Name of person signing on behalf of Applicant: _____

Title of person signing on behalf of Applicant: _____

INFORMATION FOR ALL VEHICLES APPLICANT WILL USE FOR THE LICENSED ACTIVITIES: (must show valid vehicle registration & valid vehicle insurance)

Make: _____ Model: _____

Registration/License No. _____

Make: _____ Model: _____

Registration/License No. _____

Make: _____ Model: _____

Registration/License No. _____

APPLICANT'S SIGNATURE: _____ (Date) _____

Print Name and Title (if applicable): _____

_____

Office Use Only: Application: New / Renewal Permit No. _____ Issued Date: _____ Expires: 12/31/____

Payment: Cash/ Check (check _____) Receipt No. _____ Completed By: _____

Check off- Received, make a Copy of documents below and Attached to Application:

Valid driver's license ___ Valid vehicle registration ___ Valid Car Insurance ___