



APPLICATION FOR SALVAGE MOTOR VEHICLE BUSINESS LICENSE

Slate Form 40248 (R8 / 4-12)

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

* This agency is requesting the disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

Go to www.in.gov/sos/dealer for a list of required documents.

1. Name of business Goodman Recycling, INC		
Business address (number and street, city, state, and ZIP code) 1996 South 300 West, Washington, IN 47501		
County Daviess	Telephone number (812) 275-6071	E-mail address klgoodman1976@gmail.com
2. Retail merchants certificate number 0133846504		3. Federal ID number 26-2916740
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 checked="" type="checkbox"/> Salvage recycler <input type="checkbox"/> Salvage rebuilder <input type="checkbox"/> Hulk crusher <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 checked="" type="checkbox"/> 5. Engaging in the business of storing, disposing, salvaging, or recycling of vehicles, vehicle hulks, or the parts of vehicles.		
7. Has any owner, partner, officer, director, or agent of applicant had a civil judgment or criminal conviction against them for any violation of any State or Federal laws concerning the sale, distribution, financing, or insuring of motor vehicles or parts within the last three years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please give details: _____ _____		
8. Has any owner, partner, officer, director or agent of applicant had a Salvage Operator license suspended or revoked or had an application for a Salvage Operator license rejected in this or any other state within the last three years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, explain: _____ _____		

TO BE COMPLETED BY LOCAL ZONING BOARD		
I, the undersigned, verify compliance with local zoning ordinances or other local ordinances for conducting Salvage Operator business at the address cited above.		
Signature 	Authorized agency Board of Daviess County Commissioners	Date (month, day, year) June 24, 2013
Printed or typed name ANTHONY D. WICKHAM	Title President	

9. Check type of business organization:
 Sole Proprietorship Partnership Corporation LLC LLP

10. 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.

NAME	SOCIAL SECURITY NUMBER *	TITLE	ADDRESS (number & street, city, state, & ZIP code)	TELEPHONE NUMBER
Clifford Goodman	308-78-7444	Owner	211 Stevens Lane Mitchell, IN 47446	(812) 276-6617
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				()
				()
				()

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

Name Goodman Recycling, INC	Address (number and street, city, state, and ZIP code) 2120 Dixie Hwy, Bedford, IN 47421	Telephone number (812) 275-6071
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12. If corporation, give the date and state of incorporation.
August 2008-Indiana

13. If foreign corporation, state the date of admission to do business in Indiana.

14. Has any owner, partner, officer, or director of applicant owned or worked for another salvage operator in this or any other state within the last three (3) years?
 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)	

15. Indicate whether your establishment is owned or leased.
 Owned Leased If leased, name of lessor

Address of lessor (number and street, city, state, and ZIP code)	Telephone number ()
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14. 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:
Our business also purchases and processes non-ferrous metals (copper, brass, aluminum), mixed paper, and cardboard

PLEASE NOTE: Every disposal facility or automotive salvage rebuilder shall keep and maintain records on the current model year and immediate four (4) preceding model years for all salvage motor vehicles as indicated in 140 IAC 3-3-8 (Vehicle Register and Major Component Parts Register) and required by IC 9-22-3-20.

Any salvage motor vehicle or major component part which is subject to recordkeeping procedures by law and per regulation which has been acquired and entered into the vehicle register or major component parts register shall be subject to recordkeeping for disposal purposes even though the sale of such vehicle or part is beyond the five (5) year provisions of 140 IAC 3-3-8.

All records required to be maintained under IC 9-22-3-21 and inventory are subject to inspection by a police officer or bureau representative during normal business hours.

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) 6-24-13
Printed or typed name Clifford Goodman	Title Owner