



Junkyard License Application

Applicant is a: (Check One)

Sole Proprietor ___ Partnership ___ Corporation ___ LLC ___ Other _____

If Sole Proprietor list name etc. of owner; if Partnership list names etc. of all principles; if Corporation list names etc. of all corporation officers and directors; If limited liability company (LLC) list names of all members: and if Other, list type of entity and names of all involved. If more space is needed please continue on back of this page, or add additional page(s).

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Phone # _____
 Email: _____
 SS #: _____
 Birth Date: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Phone # _____
 Email: _____
 SS #: _____
 Birth Date: _____

DOING BUSINESS AS (Name of Proposed Business) _____

LOCATION OF PREMISES: _____
(Commonly known physical address)

LEGAL DESCRIPTION OF SITE OF PROPOSED JUNKYARD: _____

Has certificate of assumed name been filed? _____ Where? _____

Date of Filing: _____

Narrative statement of the type and nature of the intended business:

Capital Investment:

Set forth amount of capital to be invested: _____

By whom is capital invested? _____

Type of investment: (cash, assets, etc. and amount of each type).

Amount: _____ Type: _____

Amount: _____ Type: _____

Amount: _____ Type: _____

Attach photographs of the site and a site plan showing buildings, sanitary facilities, storage areas, aesthetic fences or berm.

Application completed by (please print): _____

Date

Signature of Applicant

FEE: \$150.00

FOR COUNTY USE DO NOT WRITE BELOW LINE.

Investigated by: _____ Date: _____
Building Official

APPLICATION GRANTED TO: _____

TO OPERATE A JUNKYARD IN CASSIA COUNTY.

Kerry D. McMurray, Zoning Administrator

DATE: _____