JUNK YARD LICENSE APPLICATION

1. Business Name: _____

   Business Phone #_____

2. Owner's Name:_____
   (If partnership, list all partners)

3. Owner's Permanent Address & Phone #(s)_____
   _____
   _____

4. Address of Premises to be Licensed:_____

   _____

5. Answer only if Corporation:

   A. Name of Registered Agent:_____

   B. Address of Registered Agent:_____

   _____

6. Days of work and hours during which licensed activity will be conducted:

   _____
   (days) (hours)

   _____
   (days) (hours)

7. Have you ever been convicted of a crime other than motor vehicle? _____Yes _____No

8. If the answer to #7 is yes, state the date and place of conviction, nature of offense and the punishment or penalty inflicted.

   _____

   _____

(Side 1) (Please complete other side)

9. Description of property to be licensed:
(Applicant shall provide metes and bounds description or street frontage and depth of premises, in addition to block and lot number)

_____

_____

_____

_____

FEES: (ORDINANCE #69-08)

No Cars	$200.00
100 Cars or Less	$200.00
More than 100 Cars	$400.00
Late Fees	30 days late add'l $150.00
	60 days late add'l $250.00
	90 days late add'l $400.00

APPLICATION MUST BE SIGNED BY OWNER – IF PARTNERSHIP, ALL PARTNERS MUST SIGN

CERTIFICATION AND WARNING

"By signing below, I certify under penalty of law that all statements and information provided in this application are true, accurate, and complete. I understand that knowingly making a false statement on this form is a criminal offense under N.J.S.A. 2C:28-3 and 2C:28-7, which may result in the immediate denial or revocation of this license, heavy fines, and imprisonment."

Applicant Signature: _____ Date: _____

Printed Name: _____

For Office Use Only

Sent for Inspection: _____

Application Received On:_____ Board of Health: _____

Date Issued:_____ Zoning Officer: _____

Fee Paid:_____ License #: _____

_____ _____
Cash Check

(Side 2)