

All questions must be answered completely and correctly.

Name of Applicant: _____

Phone Number: _____

Address: _____

Name of Business: _____

Address of Business: _____

Phone Number: _____

Prices

| | |
|--|----------|
| Under 1,000 ft. | \$50.00 |
| 1,000 ft. - 3yds | \$80.00 |
| 3,000 ft. -4,000 ft. | \$100.00 |
| 4,000 ft. - 5,000 ft. | \$120.00 |
| 5,000 ft. - 8,000 ft. | \$200.00 |
| 8,000 ft. - 15,000 ft. | \$250.00 |
| 15,000 ft. and over add \$25.00 for every 1,000 sq. ft.. | |

Area of Yards (sq. ft.)

Bond - \$1,000.00 _____ the applicant shall submit with his application a bond executed to the city, in the sum of one thousand dollars (\$1,000.00) conditioned for the due observance of all ordinances of the city now in force or which may be passed hereafter respecting the conducting of business of a junk dealer.

 Revenue Collector's Signature

 Controller Signature

 Applicant's Signature

Date _____ Fee Paid _____



APPLICATION FOR JUNK DEALER

Fire Prevention

Name of Business: _____

Address of Business: _____

Name of Applicant: _____

Phone (Home): _____

Phone (Business): _____

Applicant's Signature

Date

Below this line for internal use only.

Inspector's Report

Date Received: _____

Date of First Inspection: _____

Comments: _____

Inspector's Signature

Date of Second Inspection (If Needed): _____

Comments: _____

Inspector's Signature

Approval _____ Denial _____

Department Head Signature



APPLICATION FOR JUNK DEALER

Building Department

Name of Business: _____

Address of Business: _____

Name of Applicant: _____

Phone (Home): _____

Phone (Business): _____

Applicant's Signature

Date

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Inspector's Signature

Date of Second Inspection (If Needed): _____

Comments: _____

Inspector's Signature

Approval _____ Denial _____

Department Head Signature

Planning and Zoning

Check One: New Business: _____ Existing Business: _____

Name of Business: _____

Address of Business: _____

Name of Applicant: _____

Phone (Home): _____

Phone (Business): _____

Applicant's Signature

Date

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Inspector's Report

Date Received: _____

Date of First Inspection: _____

Comments: _____

Inspector's Signature

Date of Second Inspection (If Needed): _____

Comments: _____

Inspector's Signature

Approval _____ Denial _____

Department Head Signature