

FEE: \$50.00

NEW _____
RENEWAL _____

LICENSE NO. _____
VOUCHER NO. _____

APPLICATION FOR EXTERIOR AUTO SALVAGE DEALER'S LICENSE
ALSO NEED TO GET SALVAGE DEALER'S LICENSE

The undersigned hereby applies for a Salvage Dealer's License from the _____ day of _____, 20____ to the 31st day of December 20____

NAME: _____
(last, first, middle initial)

HOME ADDRESS: _____
(address/city and state/zip)

DATE OF BIRTH: _____

Have you ever been convicted of any felony or misdemeanor: YES _____ NO _____

If you answered YES, fully disclose the nature of the offense:

Are you acting as an individual: _____, partnership _____, corporation _____ (corporation name _____)

If not acting as an individual, list names and addresses of principal officers below.

NAMES	ADDRESS/STATE/ZIP
_____	_____
_____	_____

LOCATION OF PREMISES OR WHERE COLLECTED ARTICLES ARE TO BE STORED:
Trade name of establishment: _____

(street address/city and state/zip)

NATURE OF BUSINESS: _____

ARTICLES TO BE COLLECTED, BOUGHT, SOLD OR OTHERWISE HANDLED:

NUMBER OF VEHICLES TO BE USED IN THE BUSINESS: _____

SIGNATURE OF INDIVIDUAL APPLICANT

NAME OF PARTNERSHIP OR CORPORATION

APPROVAL BY THE FOLLOWING

CHIEF OF POLICE

FIRE DEPARTMENT

INSPECTION DEPARTMENT

BY _____
PARTNERS OR

OFFICERS

OFFICERS