

JUNK YARD LICENSE APPLICATION

NAME OF APPLICANT_____

LEGAL ADDRESS OF APPLICANT_____

MAILING ADDRESS OF APPLICANT_____

DATE OF APPLICATION_____

LOCATION OF PROPOSED FACILITY_____

OWNER OF LAND UPON WHICH THIS FACILITY IT TO BE LOCATED_____

MAILING ADDRESS OF LAND OWNER_____

IF LAND OWNER OR APPLICANT IS A CORPORATION, ASSOCIATION, PARTNERSHIP OR OTHER ENTITY ATTACH ARTICLES OR INCORPORATION, ASSOCIATION, PARTNERSHIP OR THE LIKE TO THIS APPLICATION.

I have read and understand the rules and regulations of the Town of Belmont regarding the licensing of junk yards. I hereby freely subscribe to them and will to the best of my ability obey them.

SIGNATURE OF APPLICANT_____

IF APPLICANT IS A CORPORATION, ASSOCIATION, PARTNERSHIP OR OTHER ENTITY A COPY OF A VOTE SIGNED BY AN OFFICER OF THE CORPORATION MUST ACCOMPANY THIS APPLICATION.