NEW JUNKYARD INFORMATION SHEET

PLEASE COMPLETE AND RETURN ALONG WITH APPLICATION AND $10.00 LICENSE FEE

####  Make checks payable to: Director of Revenue, Credit State Road Fund

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| Name of Business:       Contact Person:      Physical Address:       City:       State:       Zip Code:       Mailing Address:       City:       State:       Zip Code:       Telephone Number:       Email Address:        |
| Distance from right of way      Width of junkyard      Depth of junkyard      Type of screening      Type of junk      Vehicles Y / N If yes, approximate total number       Number running      Automotive parts Y / N If yes, approximate number       Old or scrapped tires Y / N If yes, approximate number      Old or scrapped batteries Y / N If yes, approximate number      Old or scrapped metals Y / N If yes, type      Old or scrapped plastics Y / N If yes, type      Liquid or solid waste Y / N If yes, type        |
| **The applicant agrees by signature that all the information is true and correct, if a license is issued, the applicant shall maintain the junkyard in****accordance with Sections 226.650 – 226.720 RSMo.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Owner Signature) (Date) |