



**MISSOURI DEPARTMENT OF TRANSPORTATION
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**

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)

Additional forms and information available at <https://www.modot.org/outdoor-advertising-home>

Our mission is to provide a world-class transportation system that is safe, innovative, reliable and dedicated to a prosperous Missouri.