

SALVAGE YARD/SHOP APPLICATION

NAME: _____

TYPE OWNERSHIP: INDIVIDUAL__ PARTNERSHIP__ CORPORATION__ LLC__

BUSINESS NAME: _____

BUSINESS LOCATION: _____

MAILING ADDRESS: _____

LICENSE TO EXPIRE DECEMBER 31, 20 ____.

AREA OF LOT: _____ SQ.FT.

AREA OF BLDG.(If operated entirely within building): _____ SQ.FT.

SIGNED: _____

DATE: _____

PREMISES CHECKED:

FIRE DEPT. _____ DATE _____
(719-553-2830)

PLANNING DEPT. _____ DATE _____
(719-553-2259)