

Johnson County

Junkyard, Automotive Wrecking & Salvage Yard

License Application

License Application # _____

(for office use only)

Date: _____

Name of Applicant: _____

Mailing Address: _____

Phone Number: (____) _____ Email address: _____

Name, address, and phone number of property owner if **different** from applicant:

Phone Number: (____) _____ Email address: _____

Exact Legal Name of Proposed Business: _____

Is proposed business a corporation, partnership or sole proprietorship?

_____. If a partnership, provide the names of the partners and their addresses and telephone numbers on a separate page.

Property Address: _____

(Attach scale map and legal description of property)

Nature of proposed license:

() *Automotive Wrecking & Salvage Yard*

() *Junkyard* Type of Junk to be handled: _____

Location and type of existing screening and proposed screen or fence to be added: _____

(The Commissioners Court may require written details of who will construct the screening and when the construction of the screening will be completed)

Signature & Title or Corporate Capacity of Applicant

Date

Corporation Name if Applicable

Signature of Property Owner (if different than applicant)

Date

Signature of Property Owner (if different than applicant)
(Additional or community property owner)

Date

This application will be presented to the Commissioner's Court of Johnson County for approval or denial after receipt and review by the Public Works Department.