

APPLICATION FOR JUNK YARD LICENSE

LICENSE NUMBER ASSIGNED
BY COUNTY AUDITOR

NON-TRANSFERABLE

Renewal of License No. _____

Date _____

THE UNDERSIGNED hereby makes application to operate a Junk Yard in compliance with Sections 4737.05 to 4737.11, inclusive, of the Revised Code of Ohio.

Name

Address

_____, County Auditor

By _____ Deputy

1. TRADE NAME IF OTHER THAN ABOVE _____

2. ADDRESS OF JUNK YARD _____
Mailing Address County

3. NAME AND ADDRESS OF APPLICANT _____

4. IF APPLICANT IS A PARTNERSHIP, FIRM OR ASSOCIATION, SET FORTH NAMES AND ADDRESSES OF EACH MEMBER.

5. IF APPLICANT IS A CORPORATION:

Date of Incorporation

Place of Incorporation

NAMES, TITLES AND ADDRESSES OF THE OFFICERS AND DIRECTORS OF THE CORPORATION.

I HEREBY SWEAR THE ABOVE TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SWORN TO AND SUBSCRIBED IN MY PRESENCE THIS _____ DAY OF _____, 20____
