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) |