

NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_



**For office use only:**  
Licensing Year: \_\_\_\_\_  
License No.: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

### APPLICATION FOR JUNK DEALER LICENSE

**Junk Dealer Types, Please Circle ONLY One**

- JUNKYARD
- SALVAGE YARD
- WRECKING YARD
- SCRAP METAL DEALER

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Equipment & Storage Location Address, if different \_\_\_\_\_

Business Owner(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Manager's Name, if different \_\_\_\_\_

Manager's Business Address \_\_\_\_\_ Manager's Phone \_\_\_\_\_

Legal Description of land used for this license purpose (Lot, Block Subdivision):  
\_\_\_\_\_  
\_\_\_\_\_

I agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business. I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application. I agree to give any duly authorized representative of the City of Salina, Kansas free access to my premises for the purpose of inspection.

Date \_\_\_\_\_ Print Name \_\_\_\_\_ Signature & Position \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt No. \_\_\_\_\_ Received by \_\_\_\_\_

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**Certificate of Zoning Official**

This is to certify that the above described property is zoned \_\_\_\_\_ and does/does not comply with the provisions of the zoning regulations and requirements set forth in Chapter 33 of the Salina Municipal Code of the City of Salina for the proposed use. Approved/Disapproved.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Official

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Approved/Disapproved

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Clerk

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