



APPLICATION FOR JUNK DEALER LICENSE

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Business Name/Employer: _____

Contact Person/Number: _____

Address: _____

Incorporated Under Laws of State of: _____

Nature of Business: _____

Location of Business Activity: _____

Is a permanent record book maintained that shows a description of each item received, the name and address of the persons from whom it was received, the quantity or weight of each item, the amount paid and the time and date of transaction? Yes No

Is the day's collection segregate for a period of 48 hours prior to disposal? Yes No

Is junk received or purchased from minor's without parents' consent? Yes No

Is the junk yard enclosed within a solid fence at least 8 feet in height, which hides the contents of the yard from the public view? Yes No

Fees: _____ \$5.00/1 day _____ \$50.00/1 year

I hereby acknowledge receipt of a copy of title iii community protection, chapter 10 licenses of the Maquoketa City Code of Ordinances. I further certify that I have, and I will continue to comply with the requirements and regulations of the Maquoketa City Code of Ordinances.

Signed this _____ day of _____, 20_____.

Signature of Applicant

City Hall Use Only

\$_____ Fee Paid: Receipt #: _____ Check #: _____ By: _____

I hereby certify that the above applicant has complied with the provisions if title III, chapter 10, of the Maquoketa City Code of ordinances. This application is hereby approved and accepted this _____ day of _____, 20_____.

CITY OF MAQUOKETA

CITY MANAGER

License expires on: _____.