City of Kansas City, Mo.
Neighborhoods and Housing Services Department
Regulated Industries Division
635 Woodland Ave., Suite 2101
Kansas City, MO 64106
(816) 513-4561

APPLICATION FOR SALVAGE YARD PERMIT

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

Applicant's name _____

DBA business name _____ Phone _____

Business address _____
Street City State ZIP

Applying as a [ ] sole owner [ ] corporation [ ] limited liability company [ ] partnership

1. Proposed days and hours of operation: _____

2. List all of the improvements that will be made to the surrounding property that lie within 100 feet of the proposed salvage yard (a scale map of this area must be submitted).

_____
_____
_____
_____
_____
_____
_____

3. List the location of the fence and which type will be used {please see section 54-116(2)}. This area must be indicated on the map.

_____
_____
_____

4. List the location of access drives and fire roads within the property (these must be indicated on the map).

_____
_____
_____
_____
_____
_____

5. Missouri Sales Tax Number of the Business: _____

6. Federal Identification Number of Business: _____

7. List the following information of the person in charge of the local office who is in active control and management of the daily operations of the business and who will receive all notices pursuant to this business:

_____
Name Address City State Zip

_____
Home Phone Number Cell Phone Number E-mail Address

8. Name of Managing Officer: _____ E-mail address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Address: _____

---- If Business is a **CORPORATION**, Complete this Section ----

9. Name of corporation: _____

State of incorporation: _____ Date of incorporation: _____

10. List the name and title of all corporate officers (attach additional sheet if necessary):

_____
_____
_____
_____

---- If Business is a **LIMITED LIABILITY COMPANY**, Complete this Section ----

11. Name of Limited Liability Company: _____

State of organization: _____Date of organization: _____

12. List the names of all members and percentages of each LLC member's interest.

_____
_____
_____
_____

---- If the Business is a **PARTNERSHIP**, Complete this Section ----

13. List names of general and limited partners, and the number of Units owned by each: (attach additional list if necessary). _____

_____
_____
_____

Additional disclosures when corporation or LLCs are members may be required

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I agree to report promptly any changes in the information provided with this application, and I understand that any and all changes of ownership or management and control of the business cannot occur prior to obtaining the approval of the Director of Neighborhoods and Housing Services Department (NHSD).

I will at all times permit the entry of any officer or investigator who may have legal authority of the purpose of inspection or search, and will permit the removal of all things and articles which may be in violation of the Ordinances of Kansas City, Missouri, and the laws of the State of Missouri, and I do consent to the introduction in evidence of such articles in any proceedings for the violation of any provision of the ordinances of Kansas City, Missouri, and/or for the suspension or revocation of the license for which this application is made.

I have familiarized myself with the provision of Chapter 54 of the Code of General Ordinances, City of Kansas City, Missouri and agree to comply with these provisions in the conduct of this business.

I, _____, being of lawful age and duly sworn upon my oath, declare that I have read the application and fully understand same and that I know the contents thereof and the answers and statements contained therein and the same are true.

_____ _____

SIGNATURE OF APPLICANT DATE

SEAL:

STATE OF MISSOURI

COUNTY OF _____

Subscribed and sworn before me, this _____day of _____, 20_____.

MY COMMISSION EXPIRES:

_____ _____

Date Notary Public

OFFICE USE ONLY – DO NOT WRITE IN SPACE BELOW

----------INVESTIGATOR ----------

Date Case Completed: _____

Application recommended for: [ ] Approval [ ] Disapproval Date: _____

Reason(s) for recommendation of disapproval of application / license (if any) _____
_____
_____
_____

Contingency and other items needed prior to issuance of license _____
_____ / _____
_____ / _____
_____ / _____

License recommended for: [ ] Approval [ ] Disapproval Date: _____

_____
Regulated Industries Division investigator

----------INVESTIGATIONS SUPERVISOR ----------

Application recommended for: [ ] Approval [ ] Disapproval Date: _____

License recommended for: [ ] Approval [ ] Disapproval Date: _____

Comments: _____
_____
_____

_____
Regulated Industries Division investigations supervisor

----------ASSISTANT MANAGER ----------

Application recommended for: [ ] Approval [ ] Disapproval Date: _____

License recommended for: [ ] Approval [ ] Disapproval Date: _____

Comments: _____
_____
_____

_____
Regulated Industries Division assistant manager

----------MANAGER ----------

This application & license is hereby [ ] Approved [ ] Disapproved

Comments: _____
_____
_____
_____

_____ _____
Regulated Industries Division manager Date