JUNKYARD/AUTO WRECKING YARD PERMIT APPLICATION

PERMIT FEE $100.00
PERMIT FEE IS NON-TRANSFERABLE AND NON-REFUNDABLE

NAME OF ESTABLISHMENT: ____________________________

ADDRESS: ____________________________ CITY, STATE: __________ ZIP: __________

BUSINESS PHONE #: ____________________________ EMERGENCY PHONE #: __________

SALES TAX #: ____________________________ STATE INVENTORY #: __________

OPERATOR:

ADDRESS: ____________________________ CITY, STATE: __________ ZIP: __________

PHONE #: ____________________________ EMERGENCY PHONE #: __________

OWNER: CORPORATION _____ INDEPENDENT _____ PARTNERSHIP _____ INCORPORATION _____

NAME: ____________________________

ADDRESS: ____________________________ CITY, STATE: __________ ZIP: __________

PHONE #: ____________________________

DESCRIPTION OF BUSINESS TO BE OPERATED UNDER THIS LICENSE

__________________________________________________________________________________________

__________________________________________________________________________________________

THE FOLLOWING APPLIES TO NEW ESTABLISHMENTS OR A CHANGE OF OWNERSHIP:

_____ Attach a survey and legal description of the property encompassed within the application.

_____ Attach evidence that the owners of all land located within 150 feet of the proposed site have been notified of

the intent to file this application and their right to request a hearing.

_____ Attach a certified copy of the deed restrictions for the property or a signed statement from the Director of

Planning that no such restrictions exist.

State Inventory Number: ____________ Sales Tax Number: ____________

I certify that all information in this application is true. I understand that the permit issued is non-transferable,

and that the permit remains the property of the City of Pasadena Health Department, and is subject

revocation if the establishment fails to comply with applicable city ordinances or state laws.

DATE: ____________________________ SIGNED: ____________________________

Date received: ____________________________ Approved: ____________________________

Amount received: ____________________________ Disapproved: ____________________________

Permit number: ____________________________ Date issued: ____________________________

Fire Marshal’s Office: ____________________________

The City of Pasadena, Texas does not discriminate on the basis of race, color, national origin, sex, religion,
age, or the handicapped status in employment or the provision of services.

***INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED***