

APPLICATION FOR JUNKYARD LICENSE

Application Fee: \$ 50.00

License Fee: \$200.00

Name of Applicant: _____

Address: _____

Phone: _____ Fax: _____

Location of Junkyard: _____

B _____ U _____ Zoning District _____

I hereby request permission to operate a junkyard as described in Ordinance 127 of Limerick Township.

Signature

Printed Name

Application Fee Received: \$ _____

Date Received: _____

Check #: _____

Cash Receipt: _____

License Fee Received: \$ _____

Date Received: _____

Approved by: _____
Signature of Zoning and Code Enforcement Officer

Date