

Date _____

**CITY OF STERLING HEIGHTS
OFFICE OF THE CITY CLERK**

**APPLICATION FOR LICENSE TO
OPERATE A JUNK YARD OR AUTOMOBILE WRECKING YARD**

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS TELEPHONE NUMBER _____

OWNER'S NAME _____

OWNER'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

OWNER'S TELEPHONE NUMBER _____

OWNER'S DRIVER'S LICENSE NUMBER _____

IF OWNER IS A CORPORATION: (Attach copy of certificate from the corporation securities commission that the said corporation is in good standing)

FULL NAME AND OFFICIAL ADDRESS _____

FULL NAME AND ADDRESS OF THE RESIDENT AGENT _____

NAME AND ADDRESS OF ALL OTHER OWNERS, COPARTNERS, OFFICERS AND DIRECTORS, IF A CORPORATION; INCLUDING STOCKHOLDERS, IF A CLOSED CORPORATION.

All of the following attachments (#1 thru #6) must be completed in order for your application to be processed. (Additional sheets may be attached if needed)

ATTACHMENT #2

A site plan showing the location of the boundary lines of the premises:

ATTACHMENT #4

A description of any building to be considered on the premises and any improvements to be made thereto:

ATTACHMENT #5

A statement as to whether or not the contemplated operation will involve the use of force or pounding, what machinery is to be used and whether or not any objectionable noise will be created:

A statement as to whether or not any combustible or inflammable material will be used in the operation or stored on the premises, and, if so, for what purpose or purposes and what safety precautions will be taken to avoid fires:

A statement as to whether or not the operation contemplated will be under the immediate supervision of the applicant:

Full names and addresses of all persons to be employed in the operation of the business:

ATTACHMENT #6

INDIVIDUAL AFFIDAVIT

This affidavit must be completed by each person whose name appears on the first page of this application as an owner, copartner, officer or director of the corporation and their signature notarized. (This page may be photocopied as needed.)

Please state your place of residence for the three (3) years preceding the date of this application:

I, _____, hereby swear or attest that I have not been convicted of a felony or misdemeanor from five (5) years to the date of this application.

FINGERPRINT

State of Michigan
County of Macomb

On this _____ day of _____, 20____, before me personally appeared _____, who, being duly sworn, says that he/she signed the above application and that the statements therein are true.

Notary Public

My Commission expires: _____

(OFFICE USE ONLY)

_____ Copy of Chapter 26 of Code of Ordinances

_____ All attachments are submitted with application

_____ \$305.00 license fee

_____ Police Department approval date: _____

_____ Fire Department approval date: _____

_____ Building Department approval date: _____

_____ Code Enforcement approval date: _____

_____ Planning Department approval date: _____

_____ Treasury Department approval date: _____

_____ City Council approval date: _____

Issued by: _____

Approved by: _____

Revised: July 2021