Township of Mansfield
100 Port Murray Road- Port Murray, New Jersey 07865
908-689-6151

APPLICATION FOR JUNK DEALER'S LICENSE

Pursuant to the provisions of a Township of Mansfield Township Code, Chapter 220, Junkyards and Junk Dealers, and in conformity with said Ordinance, the undersigned certified to the following:

Trade Name of Business: _____

Business Address: _____

Business Phone Number: _____

If applicant is a Corporation or Partnership, state the name of Corporation or Partnership and list the names and business addresses of all shareholders or partners owning ten percent (10%) or more the stock or interest in the Corporation or Partnership.

Corporation or Partner Name(s): _____

Stockholder or Partner Name(s): _____

Business Address: _____

Stockholder or Partner Name(s): _____

Business Address: _____

Classes of materials that are proposed to store and sell:_____
Location of Junk Yard:_____
Area of Junk Yard:_____
Class _____ Fee_____ Applicant (owns), (leases) premises

Applicant clearly understands that such license may be held only so long as applicant strictly complies with all of the conditions set forth in said ordinance and represents that all of such conditions have been met and that the premises to be license are now and will continue to meet the specifications and conditions mentioned in said ordinance in all respects.

_____ Witness _____ Applicant

_____ Date _____ Date

If applicant is a lessee, the consent of the owner of the licensed premises as required below:
As owner/owners of the premises mentioned above, I hereby expressly consent to the use thereof by the applicant as a junk yard subject to the provisions of the above mentioned ordinance.

Witness:_____ Owner:_____

FOR TOWNSHIP USE ONLY

Class A – Premises in Excess of Six Acres: $200 application fee: Date: _____ Check # _____Initials _____
Class B – Premises in Excess of Two Acres, less than Six Acres $100 application fee: Date: _____Check # _____ Initials _____
Class C – Premises no more than Two Acres: $75 application fee Date: _____ Check # _____ Initials_____

Application is **APPROVED** **Date:** _____ Permit Number: _____Initials:_____

Application is **DENIED** **Date:** _____ **Signature:**_____
Reason For denial: _____