



APPLICATION FOR LICENSE OR RENEWAL TO OPERATE A SALVAGE YARD  
(ALL QUESTIONS MUST BE ANSWERED)

(PLEASE PRINT OR TYPE)

NAME OF SALVAGE YARD \_\_\_\_\_

COUNTY THE SALVAGE YARD IS LOCATED IN \_\_\_\_\_

DATE BUSINESS WAS ESTABLISHED \_\_\_\_\_

OWNER'S NAME(S): INDIVIDUAL \_\_\_\_\_

CORPORATION \_\_\_\_\_

PARTNERSHIP \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS TELEPHONE NUMBER \_\_\_\_\_

RESIDENCE TELEPHONE NUMBER \_\_\_\_\_

DATE OF LAST SALVAGE YARD LICENSE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

LOCATION OF SALVAGE YARD BUSINESS (give details including number of nearest highway) \_\_\_\_\_

NOTE: If this is an application for a newly established salvage yard you must attach the following:

- Survey showing distances from nearest occupied private residence, and occupied private residence which is part of a residential community.
- An approved permit from your County Planning Commission. If your County does not have a Planning Commission then you should contact the County Commission.

\_\_\_\_\_ IS LOCATION WITHIN 5000' OF A RESIDENTIAL COMMUNITY  
YES NO

\_\_\_\_\_ IS LOCATION WITHIN 1000' OF AN OCCUPIED PRIVATE RESIDENCE  
YES NO

LICENSE FEE: \$200.00 ( Please make check or money order payable to West Virginia Department of Transportation) NO CASH.

DIVISION OF HIGHWAYS  
TREASURE/RPD  
PO BOX 11013  
CHARLESTON WV 25339

(FOR OFFICE USE ONLY)

LICENSE NO. \_\_\_\_\_ APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

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