

TOWN OF CONCORD  
86 Franklin Street, PO Box 368  
Springville, New York 14141  
Phone: (716) 592-4948  
Fax: (716) 592-0123

**RENEWAL APPLICATION FOR A JUNKYARD LICENSE**

Date: \_\_\_\_\_

Name of Person or Firm: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Description of Business: \_\_\_\_\_

\*Please provide a sketch of your property designating the junkyard location

Kinds of Materials Dealt in: \_\_\_\_\_

Does Applicant Own or Lease premises: \_\_\_\_\_

Has Applicant ever been convicted of a misdemeanor or felony with regards to the  
junkyard business: \_\_\_\_\_ Place and Date of Conviction: \_\_\_\_\_

Acreage in Yard: \_\_\_\_\_

Property owners within 1,000 feet of boundaries of premises:

**SIGN AND PRINT YOUR NAME**

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Number of Vehicles this date: \_\_\_\_\_

Number of Vehicles this date last year: \_\_\_\_\_

Number of Vehicles entering junkyard this year: \_\_\_\_\_

Number of Vehicles existing junkyard last year: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant