



2016 Storage Yard License Application

Date: _____

Business Name: _____
 Business Address: _____
 Business Phone: _____

Owners Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Type of Business: ___ Firm If Corporation, List Officers: _____
 ___ Partnership _____
 ___ Corporation _____

Note: If foreign corporation, proof must be attached showing capability of doing business in Iowa

Legal Description of the Property: _____
 Parcel Number: _____

Total Area (Square Feet) Available for Business Location (fenced-in areas inclusive of any buildings): _____

Will Retail Sales Be Made On Premises? _____ Yes _____ No
 Nature and Type of Salvage Equipment: _____

What Is Zoning At This Location? _____
 Has Conditional Use Been Granted Under City Ordinance? _____ Yes _____ No _____ Not Applicable
 If Yes, Give Date: _____ If No, Give Date For Zoning Board Of Adjustment Consideration: _____

I, _____, do hereby affirm that all of the above information is true and correct to the best of my knowledge.

 Signature of Applicant

Fee must accompany application - renewal fee same price as original fee
 0 - 5,000 sq. ft. - **\$50.00** 5,001 - 10,000 sq. ft. - **\$100.00** 10,001 - 20,000 sq. ft. - **\$150.00** 20,001+ sq. ft. - **\$200.00**

Consolidated Comments of Fire, Zoning, Building and Health Officials: _____

Recommendation to Council Pertaining to Issuance of License: _____

Community Development

Donn Dierks – Public Health Director

Approve

Deny

Approve

Deny