



CHARTER TOWNSHIP OF WATERFORD

CLERK'S OFFICE

5200 Civic Center Dr. • Waterford, MI 48329

Phone 248-674-6266 • Fax 248-674-5455

Web Page www.waterfordmi.gov

DISTRESSED VEHICLE, JUNK AND DISMANTLING YARD APPLICATION

CLERK'S USE ONLY

Date Received: _____ Non-Refundable Application Fee Paid _____

Date Sent to Depts. _____ Response from Police: _____ Response from Fire _____

Response from Zoning _____ Response from Treasurer _____ Response from DPW _____

Response from Building _____ Date of Township Board Action: _____ Final Action: _____

Administrative Application Fee: \$400.00

Check the type of license(s) you are requesting:

☐ Distressed Vehicle Storage Yard \$25.00

☐ Junk Storage and/or Dismantling Yard \$25.00

☐ Junk Compression Yard (Attach Required Planning Commission Special Approval) \$25.00

Total due with submittal: \$ _____

1. **ATTACH** a copy of all applicants Driver's Licenses
2. Where licensing is required by the State of Michigan, **ATTACH** a copy of the state issued license
4. Contact Information

NAME	ADDRESS		
CITY	STATE	ZIP	
EMAIL ADDRESS	PHONE		

5. Location of Business

NAME OF BUSINESS	
ADDRESS	PARCEL ID NUMBER
DATE OF EXPIRATION OF LEASEHOLD INTEREST, IF ANY	ZONING DESIGNATION OF THIS PROPERTY
SQUARE FOOTAGE OF PROPERTY	SQUARE FOOTAGE OF BUILDINGS ON THE PROPERTY, IF ANY
ZONING DESIGNATION OF ALL PROPERTY WITHIN 250 FEET OF THIS LOCATION	TYPE OF FENCING SURROUNDING THIS PROPERTY

6. Days of the Week and Hours of Operation

DATES	DAYS OF THE WEEK
HOURS OF OPERATION	NUMBER OF CONSECUTIVE DAYS

7. Property Owner Information (if different than Business Owner)

NAME AND ADDRESS OF PROEPRTY OWNERS	PHONE NUMBERS		
ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS			

8. Applicant Information, complete for all owners, partners, stockholders, managers (attach additional sheet if needed)

NAME	TYPE OF INTEREST (OWNER, MANAGER, ETC)	PHONE NUMBER	
ANY OTHER NAME OR ALIAS THIS INDIVIDUAL HAS BEEN KNOW BY	DRIVER'S LICENSE NUMBER		DATE OF BIRTH
ADDRESS	CITY	STATE	ZIP CODE
LIST ALL FELONY AND MISDEMEANOR CONVICTIONS	ARRESTING AGENCY		DATE
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9. It is understood and agreed by the undersigned that no license shall be issued until the Planning and Engineering Departments shall have furnished their report to the Township Board, as required by Chapter 10, Article III requirements. The undersigned applicant(s) hereby grant(s) to any member of the Police Department in the State of Michigan the right to inspect their books, records and manner of operation of the above business for which a license is being requested in order to confirm that the business is being operated in accordance with the terms and conditions of Waterford Township Code, Chapter 10, Article III and all applicable statutes.

I, THE UNDERSIGNED APPLICANT, HEREBY SWEAR THAT ALL OF THE STATEMENTS, ANSWERS AND INFORMATION I HAVE PROVIDED IN OR AS PART OF THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. AND I UNDERSTAND AND ACKNOWLEDGE THAT ANY FALSEHOODS OR MISREPRESENTATIONS CONTAINED IN SUCH STATEMENTS, ANSWERS OR INFORMATION CAN, AMONG OTHER THINGS, BE THE CAUSE OF A DENIAL OF THE REQUESTED LICENSE AND CAUSE FOR THE REVOATION OF ANY LICENSE ISSUED TO THE APPLICANT UNDER CHAPTER 10 OF THE WATERFORD TOWNSHIP CODE.

DATE: _____ SIGNED: _____ PRINT NAME: _____

Acknowledged before me on _____

By _____

County, Michigan Acting in _____ County

Notary Public _____

My Commission Expires: _____