

APPLICATION FOR ANNUAL SUPPLEMENTAL BUSINESS CERTIFICATE

AS A DISMANTLER OF MOTOR VEHICLES

CERTIFICATE NUMBER

EXPIRATION DATE

GAL NAME OF BUSINESS	ASSUMED NAME OF	BUSINESS	EMAIL ADDRES	S	BUSINESS TELEPHONE
IPPLEMENTAL LOCATION (STREET AND NUM	BER)	CITY		COUNTY	ZIP CODE
IN BUSINESS LOCATION ADDRESS		CITY		COUNTY	ZIP CODE
ILING ADDRESS		СІТҮ		COUNTY	STATE ZIP CODE
 a) The DIMENSIONS of the b) ORS 822.115(4) required Accordingly, please sulforthe area of the properties. 	res applicants t bmit a plat map	to file a descript or similar descrip	ion of the lo	cation of the c	dismantling yard. emises, including identifica
By signing this application on Line 2 of this applications ign this approval.	•	-			
on Line 2 of this applic sign this approval. I represent an incorporated cit By signing on Line 8, I certify the significant of the significant o	y with a population hat pursuant to OR s zoned for industria	of 100,000 or more. S 822.110(1)(a) the a	ess cannot ddress listed as nother zoning cla	be conducted the place of business	
on Line 2 of this applications sign this approval. I represent an incorporated cit By signing on Line 8, I certify the vehicle dismantling business is the dismantler. I represent a County, or an incorporated cit.	y with a population hat pursuant to OR s zoned for industrial corporated city with he following:	of 100,000 or more. S 822.110(1)(a) the a	ess cannot ddress listed as nother zoning cla	be conducted the place of business	d at this location, do not
on Line 2 of this applications sign this approval. I represent an incorporated cit By signing on Line 8, I certify the vehicle dismantling business in the dismantler. I represent a County, or an incomposition by signing on Line 8, I certify the significant signific	y with a population hat pursuant to OR s zoned for industrial corporated city with the following: F THE CITY COLUMN AS BEING SUMOTOR VEHICL DNLY). OCATION OR PROTECTION OCATION DOES NOT AND DETERMIN	of 100,000 or more. S 822.110(1)(a) the a all use or subject to are a population of less to the distribution of le	ess cannot address listed as nother zoning clathan 100,000. LISH, USINESS I MEETS 10.	the place of busine ssification that perr	ess to be approved for use in the not mits the type of business conducted

TITLE

PHONE NUMBER

DATE

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735-373A (6-25)

NAME OF GOVERNMENT OFFICIAL

SIGNATURE OF GOVERNMENT OFFICIAL

	BUSINESS LOCATION INFORMATION:									
9	Property is (check one): OWNED LEASED / RENTED: LEASE OR RENTAL PERIOD:									
	If property is "Leased / Rented" complete the	following:								
10	PROPERTY OWNER'S FULL NAME (As shown on County Property Records)	s)			PROPERTY OWNER'S TELEPHONE NUMBER					
4.4	PROPERTY OWNER'S MAILING ADDRESS	CITY		STATE		ZIP CODE	_			
11 40						-				
12				by th	e App	licant.	_			
	 APPLICANT — By signing this application you are The right-of-way of any highway adjacent to the are approved and used for access to the premises and Except on interstate or primary highways within a z you maintain a building or enclosure or other barries You will not store any vehicles or vehicle parts or or barrier; The business is hidden or adequately screened by appropriate means so as not to be visible from the 822.135 and OAR 734-040-0030. 	ea proposed for I public parking; zoned area allower to a height of sonduct the dismethe the terrain or ot	approval ving wrec six feet fo antling b her natur	king yar or the pu usiness al objec	ds and or rpose of outside	dismantling businesses, f conducting business; of the building, enclosure ings, fence, or other				
	False certification is a Class B misdemeanor under O \$2,500 or both. In addition, DMV may impose civil per certify that I am the owner, a partner, an LLC member on this application is accurate and true.	nalties and/or sa	anctions	against	you or y	our dismantler certificate.	. 1			
13	PRINTED NAME		TITLE				_			
	SIGNATURE		DATE							
14	A		<u> </u>		/==					
15		•	nvironme	ental Qu	ality (DE	·Q)?				
	NO YES: If "YES," complete Section				DATE OF	EVELDATION				
16	DEQ PERMIT TITLE / NUMBER(S)	DATE OF ISSUE			DATE OF	EXPIRATION				
	REQUIREMENTS PERTAINING TO DISMANTLER BUSINESS OR PREMISES	(ATTACH A SEPARATE	PAGE FOR	DESCRIPTION	ON AND/OR	ADDITIONAL PERMITS IF NECESSAI	RY)			
17	Fire Response Plan Required - Attach a fire respons	•		4l						
	Fire Response Plan - A fire response plan is a document that must be submitted with new and renewal applications and must contain 1) Procedures for reporting an incident to emergency fire-fighting resources; 2) Procedures for notifying people on the premises of the protocol for reporting an incident and emergency evacuation, and alerting people on the premises to a current emergency; 3) Procedures for emergency evacuation, including a diagram or map of evacuation routes and the occupancy assembly point; 4) A diagram or map of the routes of fire department vehicle access; and (5) A diagram or map of fire hydrant locations, if any, at or within 500 feet of the dismantler's premises (wrecking yard).									
18	Fire Inspection Report Required: - Attach a copy of supplemental business premises. New and renewing a fire inspection report within 90 days after being issue	applications for	suppleme	ental dis	mantler	certificates must provide				
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19	BOND	ENDORSEM	ENT			as supplemented above.				