



TOWN OF ISLIP
655 Main St., Islip NY 11751

OLGA H. MURRAY
Town Clerk & Registrar

Application for Junk Yard License

Name of Applicant: _____
(Individual, Association, Partnership, or Corporation)

Telephone #: _____

If other than an individual, list all members of Association, Partners or Corporate officers, as well as any persons having a financial interest in the business as a stockholder or in any other capacity with the residence address of each person.

Name	Relationship to Applicant	Address

Business Name (if different from Applicant): _____

Date of formation of Association, Partnership or Corporation: _____

Place of Business (include storage areas): _____

Must provide survey of property showing areas to be used for business and the specific area for **each** use.

Zoning classifications of Place of Business: _____

Is business within 500 ft. of a church, school, hospital, public building or place of public assembly? YES NO

If Yes, specify: _____

Kind of Business (i.e. buying and/or selling kinds of junk, etc.): _____

Have you or any partner/member/officer/director ever been convicted of a crime? YES NO

If Yes, give details:

DATE AND PLACE OF CHARGE/ARREST	STATE WHETHER FELONY/MISDEMEANOR	DATE OF CONVICTION	SENTENCE IMPOSED

1. I (We) will not employ any child under sixteen (16) years of age. YES NO
2. I (We) commenced junk yard operations on **Date:** _____
3. The premises described in #2 was first used for junk yard purposes on **Date:** _____
4. Do you intend to seek modification of the fencing requirements set forth in Islip Town Code §29-90?
 YES NO

If Yes, give details: _____

5. Do you intend to seek a Zoning classification change to Industrial II and a Special Permit from the Islip Town Board? YES NO **If Yes, attach a copy of Zoning Application.**

I HEREBY SWEAR THAT THE ANSWERS CONTAINED HEREIN AND THE INFORMATION SUPPLIED WITH THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN SUPPLIED WITH THIS APPLICATION ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.

FALSE STATEMENTS MADE HEREIN SHALL BE GROUNDS FOR DENIAL OF LICENSE

SIGNATURE OF APPLICANT
SWORN BEFORE ME THIS

DAY OF _____ 20____

NOTARY PUBLIC

**** OFFICE USE ONLY ****

License # _____ Fee: _____ Receipt # _____

Date Issued: _____ Zoning Approval: _____ Planning Approval: _____