



APPLICATION FOR ISSUANCE OF A JUNK AND
SECOND HAND DEALER LICENSE
(LCC 4/005 TO 4.065)

Full name of Applicant:

Date of Birth of Applicant:

Name of Business:

Business Address:

Phone Number:

Email:

Lincoln County Assessors' Map & Tax Lot of the Business Location:

The Business is a:

(Check one)

(1) Sole Proprietorship

(2) Partnership

(3) Closely-Held Corporation

(4) Public Corporation

(5) Not-for-Profit Corporation (IRC §501(c)(3))

If the business is (1), (2), or (3) above, provide the name and address of each owner or officer of the business.

Name

Address

Name	Address

(If more space is required, please continue on page 2 below)

