

**IMPOUNDMENT YARD LICENSE APPLICATION
CITY OF NORMAN**

Name of Establishment Application Date

Street Address City Zip Code

Name of Owner-if corporation, state name of corporation

Address of Owner City Zip Code

State Whether a Corporation, Partnership, or Sole Ownership _____

Business Telephone Number Home Telephone Number

Requirements: Must provide copy state license prior to the issuance of a City license.

State License No. _____ Date Issued _____

All provisions regarding zoning requirements as required by the Code of the City of Norman are in compliance and I hereby approve the application of the below-named applicant for an impoundment yard.

Planning Department Date
201 West Gray, Building "A" 366-5432

Remarks: _____

All provisions regarding building codes as required by the Code of the City of Norman are in compliance and I hereby approve the application of the above-named applicant for an impoundment yard.

Code Compliance Division Date
201 West Gray, Building "C" 366-5332

Remarks: _____

The Police Department has no objection for the issuance of an impoundment yard license. The wrecker service will ____ or will not ____ be added to the rotation system.

Police Department Date
201 West Gray, Building "B" 366-1600

Remarks: _____

Pursuant to Chapter 13, Article XXX, of the Code of the City of Norman, Oklahoma, I do hereby certify that I meet all requirements necessary for the above-stated license.

Applicant Signature

**IMPOUNDMENT YARD APPLICATION TO BE COMPLETED
IF A CORPORATION, LIMITED LIABILITY COMPANY (LLC),
OR LIMITED PARTNERSHIP (LP), THE BACK SIDE OF THIS
FORM MUST BE COMPLETED**

OFFICERS (Name)

MAILING ADDRESS

TELEPHONE NUMBER

Email: _____