

**SALVAGE 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 of 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: \_\_\_\_\_

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

Remarks: \_\_\_\_\_

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

TO BE COMPLETED IF CORPORATION OR PARTNERSHIP

OFFICERS (Name)

MAILING ADDRESS

TELEPHONE NUMBER

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**CITY OF NORMAN**

**SALVAGE YARD LICENSE  
RENEWAL APPLICATION**

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Name of Establishment \_\_\_\_\_ Application Date \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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Name of Owner-if corporation, state name of corporation \_\_\_\_\_

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Address of Owner \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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State Whether a Corporation, Partnership, or Sole Ownership \_\_\_\_\_

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Business Telephone Number \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

**Requirements: Must provide copy of current state license prior to the renewal of City license.**

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State License No. \_\_\_\_\_ Date Issued \_\_\_\_\_

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

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Signature of Applicant

If a corporation or partnership, the back side of this form must be completed.

FEE: \$50.00 per year. Please make check payable to City of Norman.

**SALVAGE YARD RENEWAL APPLICATION**

**TO BE COMPLETED IF CORPORATION OR PARTNERSHIP**

OFFICERS (Name)

MAILING ADDRESS

TELEPHONE NUMBER

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