

Date Received: \_\_\_\_\_



Fee: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Permit No. \_\_\_\_\_

**TOWN OF NEWTON  
CLERK'S OFFICE  
39 TRINITY STREET  
NEWTON, NEW JERSEY 07860  
(973) 383-3521 ext. 232 Fax: (973) 300-1208**

**APPLICATION FOR JUNK DEALER'S LICENSE**

**Applicant:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**If a corporation or association, state names and address of all officers of corporation or association:**

\_\_\_\_\_

**Have you ever been arrested for other than a minor traffic violation? Yes ( ) No ( )**

**If Yes, explain** \_\_\_\_\_

\_\_\_\_\_

**Business Location:** \_\_\_\_\_

**Street Frontage & Depth:** \_\_\_\_\_

**Purpose for which license will be used:** \_\_\_\_\_

\_\_\_\_\_

**Is a License for a vehicle desired? Yes ( ) No ( )**

**If answer is yes, give detailed description of vehicle or vehicles:** \_\_\_\_\_

\_\_\_\_\_

**The undersigned swears that all of the above statements are true to the best of his knowledge and that he agrees to abide by the requirements of Town Ordinances relating to Junk Yards, Junk Dealers and any other applicable Ordinances.**

\_\_\_\_\_  
**Signature of Applicant**

=====  
Health Department: \_\_\_\_\_

Director. Of Public Works: \_\_\_\_\_

Police Department: \_\_\_\_\_

Fire Prevention Approval: \_\_\_\_\_

Zoning Approval: \_\_\_\_\_

Code Enforcement: \_\_\_\_\_

Const. Official: \_\_\_\_\_

Clerk Approval: \_\_\_\_\_

**LICENSE FEES:**

Retail or Wholesale Junk Dealer (includes one vehicle) \$600.00 per year.

Each additional vehicle \$50.00 per year