



City of Rochester, New Hampshire

DEPARTMENT OF CODE ENFORCEMENT
31 Wakefield Street • Rochester, NH 03867
(603) 332-3508 • Fax (603) 332-8601

MOTOR VEHICLE JUNK YARD LICENSE APPLICATION

NAME OF APPLICANT: _____ **TELEPHONE** _____

LEGAL ADDRESS: _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

Have you ever been convicted of a crime or misdemeanor? _____

If so, what for: _____

NAME OF BUSINESS: _____ **TELEPHONE** _____

LOCATION: _____

MAILING ADDRESS: _____

DESCRIPTION OR NATURE OF BUSINESS: _____

I agree to comply with all rules and regulations pertaining to the City Ordinance adopted by the City of Rochester and all State Statues, where applicable, pertaining to the license applied for.

_____ Date

_____ Signature

OFFICIAL USE ONLY:

Approved:

City Council _____

Zoning Board _____

Miscellaneous _____

Date of Issue _____

Date of Expiration _____

License Number _____

Amount Paid _____

LICENSING BOARD APPROVAL

_____ City Manager

_____ Police Chief

_____ Fire Chief

_____ Code Enforcement Officer

RELEASE OF INFORMATION AUTHORIZATION

NAME: _____

D.O.B. _____

S.S.N. _____

This is to certify that I am applying for a license from the City of Rochester.

In connection with this application I hereby authorized the Rochester Police Department to conduct a criminal record check for the purpose of this application. The results to be forwarded to the Chief of Police or his designee, for review and disposition. This information will be kept in the strictest confidence, and no other agency will have access to same without written permission from me.

I understand that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomsoever from any liability arising out of or resulting from the release of this information.

I am willing that a photostat of this authorization be accepted with the same authority as the original.

APPLICANT SIGNATURE: _____ **DATE:** _____

WITNESSED BY: _____ **DATE:** _____

Applicant Note:

You may refuse to sign this authorization, however all processes related to any application you are filing shall cease and be void without release being signed.