



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

APPLICATION FOR ANNUAL BUSINESS CERTIFICATE

AS A DISMANTLER OF MOTOR VEHICLES OR
SALVAGE POOL OPERATOR

FEE: \$500

CERTIFICATE NUMBER

EFFECTIVE DATE

EXPIRATION DATE

- PLEASE TYPE OR PRINT LEGIBLY WITH INK.
- ANY ALTERATION OF LINE 3 VOIDES LOCATION APPROVAL!

☐ ORIGINAL ☐ RENEWAL

LEGAL NAME OF APPLICANT (OWNER, PARTNERSHIP, LLC OR CORPORATION NAME) **Cherry City Metals, LLC** FEDERAL EMPLOYEE ID NUMBER (FEIN) **93-1235869** OREGON REGISTRY NUMBER (IF LLC OR CORPORATION) **609651-84**

BUSINESS NAME OF APPLICANT (IF ASSUMED BUSINESS NAME OR TRADE NAME) OREGON REGISTRY NUMBER (IF USING ASSUMED BUSINESS NAME OR TRADE NAME) BUSINESS TELEPHONE
(**503**) **588-0721**

MAIN BUSINESS LOCATION (STREET AND NUMBER) CITY ZIP CODE COUNTY
3155 Kanz Ct. NE **Salem** **97301** **Marion**

MAILING ADDRESS CITY STATE ZIP CODE BUSINESS EMAIL
PO Box 5191 **Salem** **OR** **97304** **jnicoli@cherrycitymetals.com**

CHECK ORGANIZATION TYPE: ☐ Individual ☐ Partnership ☒ LLC ☐ Corporation: If corporation, list the state where the business is incorporated: _____

OREGON REGISTERED AGENT NAME TELEPHONE NUMBER
Richard Schultz (**503**) **588-0721**

OREGON REGISTERED AGENT STREET ADDRESS CITY STATE ZIP CODE
3155 Kanz Ct. NE **Salem** **OR** **97301**

OREGON REGISTERED AGENT MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP CODE
PO Box 5191 **Salem** **OR** **97304**

National Motor Vehicle Title Information System (NMVTIS) number REQUIRED: **R 0 0 0 4 1 8**

a) THE **DIMENSIONS** OF THE PROPERTY ON WHICH THE BUSINESS HAS EXCLUSIVE USE ARE **450** ft. X **650** ft.
b) ORS 822.115(4) requires applicants to file a **description of the location** of the dismantling yard. Accordingly, please submit a plat map or other description of the location of the premises, including identification of the area of the property exclusively used by the dismantler business (if not the entire property).

LOCAL GOVERNMENT APPROVAL (CITY / COUNTY)

THE CERTIFICATION BELOW IS TO BE COMPLETED BY THE LOCAL ZONING OFFICIAL.

By signing this application you are authorizing a dismantler business to be conducted at the location listed on Line 3 of this application. **If a dismantler business cannot be conducted at this location, do not sign this approval.**

☐ I represent an incorporated city with a population of 100,000 or more.

By signing on Line 13, I certify that pursuant to ORS 822.110(1)(a) the address listed as the place of business for use in the motor vehicle dismantling business is zoned for industrial use or subject to another zoning classification that permits the type of business conducted by the dismantler.

☐ I represent a county, or an incorporated city with a population of less than 100,000.

By signing on Line 13, I certify the following:

THAT THE GOVERNING BODY OF THE ☐ CITY ☐ COUNTY OF _____ HAS:

- A) APPROVED THE APPLICANT AS BEING SUITABLE TO ESTABLISH, MAINTAIN OR OPERATE A MOTOR VEHICLE DISMANTLING BUSINESS (ORIGINAL APPLICATIONS ONLY).
- B) DETERMINED THAT THE LOCATION OR PROPOSED LOCATION MEETS THE REQUIREMENTS FOR THAT LOCATION UNDER ORS 822.110.
- C) DETERMINED THAT THE LOCATION DOES NOT VIOLATE ANY APPLICABLE PROVISION OF ORS 822.135.
- D) APPROVED THE LOCATION AND DETERMINED THAT THE LOCATION COMPLIES WITH ANY REGULATIONS ADOPTED BY THE JURISDICTION UNDER ORS 822.140.

☐ Restrictions on the location approval are in an attached letter from the zoning authority.

▼ PLACE STAMP OR SEAL HERE ▼

I ALSO CERTIFY THAT I AM AUTHORIZED TO SIGN THIS APPLICATION AND AS EVIDENCE OF SUCH AUTHORITY DO AFFIX HEREON THE SEAL OR STAMP OF THE CITY OR COUNTY.

NAME OF GOVERNMENT OFFICIAL TITLE PHONE NUMBER
()

SIGNATURE OF GOVERNMENT OFFICIAL DATE
X