

**APPLICATION FOR TARRANT COUNTY
JUNKYARD or AUTOMOTIVE WRECKING
& SALVAGE YARD LICENSE**

DATE: 2-15-23

RECEIVED
FEB 22 2023

APPLICANT INFORMATION

Applicant's Name: Americas Best Auto Parts
Mailing Address: P.O. Box 1113
Kennedale, TX 76060
Telephone Number: (817) 478-5151
Fax Number: (817) 478-9991
E-mail Address (optional) _____

BY: gms

OWNER INFORMATION

(if different from Applicant Information)

**If the Applicant is not the Owner of the location for the proposed facility, then a notarized statement from the Owner indicating the Owner's permission to operate the facility is required for this application to be considered complete.*

Owner's Name: Martin Marquez
Mailing Address: P.O. Box 1113
Kennedale TX 76060
Telephone Number: (817) 330-0368
Fax Number: (817) 330-0370
E-mail Address (optional) _____

Tarrant County Transportation Services
100 E. Weatherford #401
Fort Worth, TX 76196
(817) 884-1250

PROPERTY AND USE INFORMATION

*Location of Property: 7914 Mansfield Hwy, Kennedale TX 76060

**For this application to be complete, Applicant must attach or submit with this application a legal description of the property and map depicting in scale the entire location of the proposed facility, as well as the location of any existing or proposed buildings, perimeter screening, and car storage locations.*

Nature of Proposed Permit:

- ☒ Automotive Wrecking & Salvage Yard
☐ Junkyard

Type of junk to be handled:

Junk cars and trucks

OWNER/APPLICANT'S ACKNOWLEDGMENT AND CERTIFICATION:

By my signature below, I acknowledge that I have read and understand the requirements for applying for and receiving a license to operate a junkyard or automotive wrecking and salvage yard contained in the attached ordinance. I acknowledge and understand that:

1. No work of any kind may start to operate the type of operation applied for until a license is issued by Tarrant County.
2. This Application is incomplete until I make payment to Tarrant County of the non-refundable \$150 application fee.
3. Once granted, the license may be revoked if any false statements are made in this Application or its attachments.
4. If the license expires or is revoked for any reason, I must cease operation of the facility until a new license is issued. In that event I will be required to submit a new Application with accompanying fees and receive approval before any operations may continue.
5. I may only use, occupy, or permit the use or occupancy of any building, development, or premises, or any part thereof, hereafter created, erected, changed, converted, altered, or enlarged ONLY IF the development is in compliance with the Tarrant County Subdivision and Land Use Regulations and the regulations of the Tarrant County Public Health Department.

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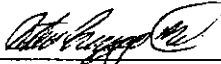
I hereby certify to the following:

1. I have carefully read the complete Application and all its attachments and certify that all documents submitted are true and correct.
2. The Owner of the location of the proposed or existing facility, if different from the Applicant, has authorized the submittal of this Application as demonstrated by the Owner's notarized statement accompanying this Application.
3. As the Owner of the Subject Property or a duly authorized Applicant, I hereby grant permission to representatives of Tarrant County to enter the premises and make all necessary inspections and to take all other actions necessary to review and act upon this Application.
4. The property on which the junkyard or automotive wrecking and salvage yard is to be operated is in compliance, to the extent applicable, with the Tarrant County Subdivision and Land Use Regulations and the regulations of the Tarrant County Health Department.

Signature: _____

Print Name: _____

Date: _____


Martin Marquez
2-15-23

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