



Mark Gordon
Governor

WYOMING Department of Transportation

"Provide a safe and effective transportation system"

5300 Bishop Boulevard, Cheyenne, Wyoming 82009-3340



Darin J. Westby, P.E.
Director

Requirement to apply for Vehicle Storage and Disposal Facility License

According to Wyoming Statute (31-13-114): No person shall, unless licensed to do so by the department: sell as a business used parts of or used accessories for vehicles; wreck or dismantle vehicles as a business for resale of the parts thereof; rebuild wrecked or dismantled vehicles as a business; or engage as a business in the storage or disposal of vehicles, the parts of which are suitable for reuse or recycling.

_____ Fill out application in its entirety (form MVAV-200)

_____ Enclose \$25.00 required State fee

_____ Attach written approval from the proper official in the city or county stating that this business site is not located in a residential zone for all locations.

_____ Contact the Wyoming Department of Revenue to verify if you need a sales tax license. If one is required you will need to send a copy of the license. If it is not required you will need to send a signed and dated statement explaining why a sales tax number is not needed.
Wyoming Department of Revenue, Excise Tax Division number is 307-777-5200

_____ Contact WYDOT Right of Way at 307-777-4121 to verify if Junk Yard license will be required.

_____ Enclose a photo of business location

If you have any questions or concerns, please contact Jennifer Naatz at 307-777-4850.

APPLICATION FOR VEHICLE STORAGE AND DISPOSAL FACILITY LICENSE

FOR WYDOT USE ONLY
Account Number
License fee \$25.00

STEP #1	APPLICANT INFORMATION				
	Business Name (Legal business name – corporate, etc. – and trade name or dba)				
	Mailing Address	City	State	ZIP	
	First address location	City	State	ZIP	
	Second address location if applicable				
	Primary Phone Number	NMVTIS Account Number			
	Nature of Business				
STEP #2	TYPE OF OWNERSHIP (CHECK ONE)-Must match Sales Tax License if one is required				
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership (Includes Husband and Wife) <input type="checkbox"/> Limited Partnership				
	Please list the Name and Home Address of all owners, officers or partners.				
	Name	Title			
	Address	City	State	ZIP	
	Name	Title			
	Address	City	State	ZIP	
	Name	Title			
	Address	City	State	ZIP	
	Name	Title			
Address	City	State	ZIP		
STEP #3	<p>Applicant agrees to comply with all laws and rules and regulations relating to this license and to registration and titling of vehicles. Sales Tax License may be required. Contact the Wyoming Department of Revenue for sales tax information. A Junk Yard License may be required. Contact DOT Right of Way at (307) 777-4121.</p> <p>Applicant agrees to maintain records relating to vehicles and parts thereof received and disposed of in the manner required by the Department for a period of 3 years and that such records will be available for inspection by the Department or any law enforcement officer during all reasonable business hours.</p> <p>If you are a new applicant or your license has expired, attach written approval from the proper official in the city or county stating that this business site is not located in a residential zone, send a copy of your sales tax license or letter from the Wyoming Department of Revenue stating you do not require one and include a photo of the business location.</p> <p>I hereby swear or affirm under penalty of perjury that all information on this application is a true and correct. I realize that my business is subject to inspection and any false statements regarding the above requirements could subject my license or application to denial, suspension or revocation. I, as owner, partner, officer, have the authority to sign this application.</p>				
	Printed Name	Title			
	Signature	Date			
	STEP #4	APPLICANT SHALL MAIL THIS APPLICATION TO:			
		WYDOT, ATTN: Motor Vehicle Services, 5300 Bishop Blvd., Cheyenne, Wyoming 82009-3340 FOR ADDITIONAL INFORMATION: Phone: 307-777-4850 or email mvs@wyo.gov			

**WYDOT Vehicle Storage & Disposal Facility Application
Planning/Zoning Authority Statement**

SECTION A

Company Name: _____
Legal/Trade Name

Contact Person: _____
Name Phone Number

Physical Location: _____
Address/City/County/State/Zip

Legal Description: _____

Located within City Limits? (circle one) YES NO

SECTION B
(To be completed by Planning/Zoning Authority)

Planning/Zoning Authority: _____
Agency Name

Mailing Address City/State/Zip

Telephone Number Fax Number

The property listed above is located in an area zoned: (check applicable area)

- ___ Residential
- ___ Commercial
- ___ Industrial
- ___ Agricultural
- ___ Other: _____
Description

* Verification of zoning for the property in which the vehicle storage and disposal facility is located is required pursuant to W.S.31-13-114 (f)

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**Planning/Zoning Authority**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_