



“meeting community needs
.....enhancing quality of life”

APPLICATION for SALVAGE DEALER’S LICENSE

FEES ARE NON-REFUNDABLE		Date Recv'd ___/___/___
License Fee - Local	\$200.00	Acct. CLSALV
License Fee – Out of City	\$ 75.00	Acct. CLSALV
Investigation Fee	+ 7.00	Acct. CLCPIF
Total Amount Paid	_____	Receipt _____
License period July 1 to June 30		

Please allow 4 weeks for processing

SECTION 1 – BUSINESS INFORMATION – Answer all questions completely. Please PRINT clearly

Business Name			
Business Street Address	City	State	Zip
Business Telephone Number			

SECTION 2 – APPLICANT INFORMATION

Name			
Home Street Address	City	State	Zip
Date of Birth	Male	Female	Telephone Number

SECTION 3 – CORPORATION INFORMATION – List names, addresses and dates of birth of all officers.

President	Last	First	Middle Initial	Date of Birth	Male	Female
Address			City	State	Zip	
Vice President	Last	First	Middle Initial	Date of Birth	Male	Female
Address			City	State	Zip	
Secretary	Last	First	Middle Initial	Date of Birth	Male	Female
Address			City	State	Zip	
Treasurer	Last	First	Middle Initial	Date of Birth	Male	Female
Address			City	State	Zip	

SECTION 4 – PENALTY NOTICE

I certify that I am familiar with Section 9.386 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.
Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: _____

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
City Sealer				
Inspection				
S&L	Council	Date Issued	Exp. Date	License Number