

New: _____

License Fee: _____

Renewal: _____

Receipt #: _____

APPLICATION FOR JUNK DEALER LICENSE Rev. 6/2017

Junk Dealer (operates a junkyard) Itinerant Junk Dealer (does not operate a junkyard)

To the Common Council of the City of La Crosse:

Real/Legal Name of Applicant: _____

Complete the Personal Data Sheet for each Owner, Officers and/or Manager or Person in Charge.

Address of Applicant: _____

Trade Name of Business: _____

Address of Junk Dealer Business: _____

Applicant represents that the premise is not located within a distance of 1,000 feet from land zoned for single family residence district, residence district, multiple dwelling district, special multiple dwelling district or low density multiple dwelling district. If seeking a waiver pursuant to Sec. 10-460(b), complete Waiver section below.

Phone Number of Business: _____

Detailed nature of business: _____

Kind of material to be collected, bought, sold or otherwise handled: _____

Description of vehicle(s) to be used by applicant in the conduct of business:

(License Plate #/State) (VIN) (Year) (Make) (Model)

(License Plate #/State) (VIN) (Year) (Make) (Model)

(License Plate #/State) (VIN) (Year) (Make) (Model)

License Period: _____

The above hereby makes application for a license to operate a junk dealer business at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article XI of the Code of Ordinances for the City of La Crosse.

(Signature of Applicant) (Date)

WAIVER OF 1,000 FOOT REQUIREMENT

I hereby request a waiver of the 1,000 foot requirement pursuant to Sec. 10-460(b).

I further certify that premise for which application is being made for a Junk Dealer license was established prior to ____ or after ____ July 22, 2017 (check one).

If prior, a waiver may be granted upon simple majority vote of the Council without notification to property owners.

If after, property owners within 1,000 feet of premise must be notified (\$150.00 waiver fee due at time of application).

- If any property owner objects, waiver may only be granted by 2/3 super majority vote of the Council.
- If there is no objection, a waiver may be granted by a simple majority vote of the Council.

(Signature of Applicant) (Date)

PERSONAL DATA SHEET
(PLEASE PRINT ALL INFORMATION)

Each Owner, Officer **AND/OR** Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

Name of Manager/Person in Charge: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____
