



OFFICE USE ONLY	
DATE FILED:	_____
INITIALS:	_____
PP TAX DUE:	Yes No
ADVERSE:	Yes No
LP:	_____ CC: _____
LETTER:	_____

SCRAP SALVAGE COLLECTOR
CLK162 (rev. 11/17)
 CITY ORDINANCE 13.01

Fee: \$ 75.00 Expires: April 30, _____ New Renewal

Licensee: _____ District #: _____
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Trade Name: _____ Trade Address: _____
STREET ZIP

Phone Number: _____ Email Address: _____
(Correspondence Will Be Via Email If Address Is Given)

List for individual, all partners, or each corporate officer (MUST BE 18 YEARS OF AGE OR OLDER):

a) Full Name: _____ DOB: ____ / ____ / ____

Address: _____ Phone: _____
STREET CITY STATE ZIP

b) Full Name: _____ DOB: ____ / ____ / ____

Address: _____ Phone: _____
STREET CITY STATE ZIP

c) Full Name: _____ DOB: ____ / ____ / ____

Address: _____ Phone: _____
STREET CITY STATE ZIP

1. Attach a photograph of all persons required to sign the application, taken within sixty (60) days immediately prior to the date of the filing of the application, which shall be at least 2 in. by 2 in., showing their head and shoulders in a clear and distinguishing manner. **Attached**
2. Attach a description of any motor vehicles which will be used to collect or haul "Scrap Salvage" in the operation of the licensed business, including their I.D., D.M.V. and L.C. numbers, where applicable. **Attached**
3. Attach proof of insurance/financial responsibility for all motor vehicles which will be utilized in the operation of the licensed business, in accordance with the requirements of WI laws. **Attached**
4. Is the name of the party to be licensed conspicuously and legibly printed on all motor vehicles to be used in the operation of the licensed business? (This does not include passenger automobiles which are also used to personal transportation). Yes No *Attach photographs indicating compliance with above or verification by Police Department. **Attached**

5. Are all motor vehicles to be used in the licensed business currently registered with the State Department of Transportation? **Yes** **No** (POLICE DEPARTMENT TO SUBMIT VERIFICATION)

6. Attach a list of all persons who will operate motor vehicles in the course of performing licensed activities. List must include name (first, middle initial, last), date of birth, and driver's license number. **Attached**
(POLICE DEPT. MUST VERIFY THAT THEY POSSESS A VALID AND APPROPRIATE WISCONSIN D.L.)

7. Each sole proprietor, partner and corporate officer must fill out and attach "Applicant's Report of Police Record". (The Police Department will verify the information provided and forward their report to the City Attorney who will make a recommendation as to whether or not said individual(s) are of sufficient moral character and business responsibility to be entitled to the privilege of being awarded a license). **Attached**

8. Do you understand that you may obtain from the City Clerk or online at www.kenosha.org a current copy of §13.01 of the Code of General Ordinances entitled "Scrap Salvage Dealers and Scrap Salvage Collectors"? **Yes**

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NONCOMPLIANCE THEREWITH).

9. Have you ever previously applied for and been denied the license herein applied for? **Yes** **No** If yes, explain: _____

10. Have you ever held the license applied for and had it suspended or revoked? **Yes** **No** If yes, explain: _____

PLEASE NOTE: IF THIS APPLICATION AND/OR ATTACHMENTS CONTAIN STATEMENTS OR INFORMATION WHICH IS NOT TRUE, CORRECT AND COMPLETE IN ALL MATERIAL RESPECTS, THIS LICENSE MAY BE DENIED, YOU MAY BE SUBJECT TO CRIMINAL OR CIVIL PENALTIES AND YOUR LICENSE, IF GRANTED, MAY BE DELAYED IN ISSUANCE FOR THIRTY (30) DAYS.

The undersigned, being first duly sworn on oath, deposes and says that (he/she is) (they are) the applicant(s) named in the foregoing application; that (he/she has) (they have) read each and every question and answered each and every questions truly, correctly and completely, under penalty of law for failure to do so.

Individual/Partner/Member Signature Date

Partner/Member Signature Date

Individual/Partner/Member Signature Date

Partner/Member Signature Date

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____