



City of La Crosse, Wisconsin

APPLICATION FOR RECYCLING LICENSE

Check One: New Renewal For the license period _____ to _____ Fee: \$ _____

Processing Facility Recycling Center Pick-Up Station Reverse Vending Machine

BUSINESS INFORMATION				
Legal/Real Name:				
Address:	Street	City	State	Zip Code
Trade Name:				
Phone Number:				
PREMISES INFORMATION				
Address of Premises to be Licensed:				
Detailed Nature of Business:				
Kind of material to be collected, bought, sold or otherwise handled:				

The above hereby makes application for a license to operate a Recycling business at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article XII of the Code of Ordinances for the City of La Crosse and subject to all laws of the State of Wisconsin. Failure upon the part of this applicant to comply with such laws ordinances shall be justification for the revocation of any license that may be issued pursuant hereto.

(Signature of Applicant)

(Date)

OFFICE USE ONLY:		
Customer #: _____	Granted: _____	License #: _____

Personal Data Sheet

(Please PRINT All Information)

Each Officer/Member **AND** 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".

MANAGER/PERSON IN CHARGE			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER/MEMBER			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER/MEMBER			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER/MEMBER			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			
OFFICER/MEMBER			
Name: First		Middle	Last
Home Address: Street		City	State Zip Code
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)	
Violations:			