

"meeting community needs .....enhancing quality of life"

## APPLICATION for SALVAGE DEALER'S LICENSE

FEES ARE NON-REFUNDABLE

Date Recv'd 5 /9/22

License Fee - Local

\$207.00 Acct. CLSALV

License Fee – Out of City \$ 82.00 Acct. CLSALV

Receipt 3599 - 2

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 Golper Supply Co. Inc.							
Business Street Ad	Edgewe	ood Di	r.	City Appleton	State W.T.	Zip 54	913
Business Telephone Number 920-931-3266							
SECTION 2 – APPLICANT INFORMATION							
Name David Golper							
Home Street Address	ess easant	Aven	ие	City Highland Par	K State	Zi L	p 0035
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 I	Date of Birth	Male	Female
Address 930 /	leasan	+ AVCK	ue	City Highland Park	State	Zip 40	035
Vice President	Last				Date of Birth	Male	Female
Address				City	State	Zip	<b>7</b>
Secretary	Last		First	Middle Initial I	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:    15/05/2022							
FOR OFFICE USE ONLY							
Dept.	Approve I	Deny By		Reason			
Police							
Fire							
City Sealer							
Inspection							
S&L	Council		Date Issued Exp. Date		License Number		