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

APPLICATION for
SALVAGE DEALER'S LICENSE

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

Business Name: Mach IV Motors LLC

Business Street Address: 600 E Hancock St   City: Appleton   State: WI   Zip: 54911

Business Telephone Number: 920-202-2201

SECTION 2 – APPLICANT INFORMATION

Name: Kara Tullberg

Home Street Address: 2832 Crestview Dr   City: Appleton   State: WI   Zip: 54915

Date of Birth ●●●●	Male	Female X	Telephone Number ●●● ●● ●●●●

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

President	Last Tullberg	First Charles	Middle Initial A	Date of Birth ●●●●	Male X	Female
Address 2832 Crestview Dr		City Appleton		State WI	Zip 54915	
Vice President	Last Tullberg	First Kara	Middle Initial L	Date of Birth ●●●●	Male	Female X
Address 2832 Crestview Dr		City Appleton		State WI	Zip 54915	
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: _Kara Tullberg_

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
City Sealer				
Inspection				

S&L 6-13-19	Council 6-19-19	Date Issued	Exp. Date	License Number

5-28-19

Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799