

Application for Salvage Dealer's License



License period is
July 1st - June 30th

NOTE: Please allow approximately 4 weeks for application processing

FEES ARE NON-REFUNDABLE CASH OR CHECK ONLY

☒ City License - \$ 207.00

Date Rec'd 6/3/25

☐ Outside City License - \$82.00

Total \$ 207

Receipt #: 8679-11

SECTION 1 - BUSINESS INFORMATION

Legal Business Name AND Trade Name/DBA

Mach IV Motors LLC

Business Street Address

600 E Hancock St

City

Appleton

State

WI

Zip

54911

Business Phone Number

920-202-2201

Business Email Address

Kara@mach4motors.com

Indicate the business activities. Check all that apply: ☒ Purchasing ☒ Selling ☒ Collecting ☐ Other (explain):

List the kind of materials the business deals in

Vintage motorcycles, cars, parts, memorabilia

SECTION 2 - APPLICANT INFORMATION

Applicant Name (First, MI, Last)

Kara L Tullberg

Date of Birth

Address

98 Estherbrook Ct

City

Appleton

State

WI

Zip

54911

Drivers License/State ID Number

DL/ID State of Issuance

Has the applicant previously been a salvage dealer or employed by another salvage dealer? If so, with who?

only with Mach IV Motors

Phone Number (Residential)

SECTION 3 - PARTNERSHIP/CORPORATION/ASSOCIATION/LLC INFORMATION

List information for all additional partners/officers/members. Attach additional sheets if necessary.

Name (First, MI, Last)

Charles D Tullberg

Title

President

Date of Birth

Address

98 Estherbrook Ct

City

Appleton

State

WI

Zip

54911

Name (First, MI, Last)

Kara L Tullberg

Title

Vice President

Date of Birth

Address

98 Estherbrook Ct

City

Appleton

State

WI

Zip

54911

Name (First, MI, Last)

Title

Date of Birth

Address

City

State

Zip

Have any members listed above previously been a salvage dealer or employed by another salvage dealer? If so, who and with what company?

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

Date:

05/26/2025

FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police			Metafile	
Fire				
Finance				
Inspections				
City Sealer				

Date Sent for Approval	Safety and Licensing	Common Council	Date Issued	Expiration Date	License Number

Return completed form to Office of the City Clerk: 100 N Appleton St., Appleton, WI 54911