



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

APPLICATION for SALVAGE DEALER'S LICENSE

FEES ARE NON-REFUNDABLE		Date Recv'd	6-19-19
License Fee - Local	\$200.00	Acct. CLSALV	
License Fee - Out of City	\$ 75.00	Acct. CLSALV	
Investigation Fee	7.00	Acct. CLCPIF	
Total Amount Paid	207	Receipt	10268
License period July 1 to June 30			

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

Business Name
APPLETON ALUMINUM RECYCLING INC.

Business Street Address
300 NORTH KENSINGTON DR City **APPLETON** State **WI** Zip **54915**

Business Telephone Number
920-733-6999

SECTION 2 – APPLICANT INFORMATION

Name
CHARLES O. DESTEN

Home Street Address
1702 N. HARRIMAN ST. City **APPLETON** State **WI** Zip **54911**

Date of Birth [Redacted] Male Female Telephone Number [Redacted]

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

President	Last	First	Middle Initial	Date of Birth	Male	Female
	DESTEN	CHARLES	O	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Address		City	State	Zip		
1702 N. HARRIMAN ST.		APPLETON	WI	54911		
Vice President	Last	First	Middle Initial	Date of Birth	Male	Female
	TISCHENDORF	LORI	L	[Redacted]	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Address		City	State	Zip		
11021 HWY HS S		ANTIGO	WI	54409		
Secretary	Last	First	Middle Initial	Date of Birth	Male	Female
	LABORDE	TAMMY	M	[Redacted]	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Address		City	State	Zip		
119 EAST RANDALL ST.		APPLETON	WI	54911		
Treasurer	Last	First	Middle Initial	Date of Birth	Male	Female
	LABORDE	TAMMY	M	[Redacted]	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Address		City	State	Zip		
119 EAST RANDALL ST.		APPLETON	WI	54911		

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: Charles O. Desten

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
City Sealer				
Inspection				
S&L 6-12-19	Council	6-19-19	Date Issued	Exp. Date
			License Number	