

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

## **APPLICATION** for **SALVAGE DEALER'S LICENSE**

FEES ARE NON-REFUNDABLE

Date Recv'd 5 /24/23

License Fee - Local

\$207.00 Acct. CLSALV

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

Receipt 5128

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 A	et Address 1810 W. Edgewood Br									
Business Telephone Number 31- 3246										
SECTION 2 – APPLICANT INFORMATION										
Name David Golper										
Home Street Address 930 Picasant Avenue						City Highland Park State Zip 60035				
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 FO/De	er		Pirst				te of Birth DACTED	Male	Female
Address 930	ess 930 Pleasant Avenue					City Highland Park State IL			Zip Lo	0035
Vice President	Last			First	N	fiddle Initial		te of Birth	Male	Female
Address						City	!	State	Zip	·
Secretary	Last			First	N	Aiddle Initial	Da	te of Birth	Male	Female
Address						City		State	Zip	l
Treasurer	Last			First	. M	fiddle Initial	Da	te 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 (ii) 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:										
FOR OFFICE USE ONLY										
Dept.	Approve	Deny	Ву			Reason				
Police										
Fire										
City Sealer										
Inspection										
S&L 06/14/23   Council 06/21/23   Date Issued   Exp. Date   License Number										