



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

FEES ARE NON-REFUNDABLE Date Recv'd 7/27/20
 License Fee - Local \$207.00 Acct. CLSALV
 License Fee - Out of City \$ 82.00 Acct. CLSALV
 Receipt 1153-0003
 License period July 1 to June 30

APPLICATION for SALVAGE DEALER'S LICENSE

Please allow 4 weeks for processing

SECTION 1 – BUSINESS INFORMATION – Answer all questions completely. Please PRINT clearly									
Business Name <u>Appleton Aluminum Recycling Inc.</u>									
Business Street Address <u>500 N. Kensington Dr.</u>			City <u>Appleton</u>		State <u>WI</u>		Zip <u>54915</u>		
Business Telephone Number <u>920-133 8999</u>									
SECTION 2 – APPLICANT INFORMATION									
Name <u>Delores B. Desten</u>									
Home Street Address <u>1102 N. Harriman St.</u>			City <u>Appleton</u>		State <u>WI</u>		Zip <u>54911</u>		
Date of Birth <u>[REDACTED]</u>			Male <input type="checkbox"/>		Female <input checked="" type="checkbox"/>		[REDACTED]		
SECTION 3 – CORPORATION INFORMATION – List names, addresses and dates of birth of all officers.									
President		<u>Desten Delores</u>		Middle Initial <u>B</u>		[REDACTED]		Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
Address <u>1102 N. Harriman St.</u>			City <u>Appleton</u>		State <u>WI</u>		Zip <u>54911</u>		
Vice President		<u>Rschendorf Lori</u>		Middle Initial <u>L</u>		[REDACTED]		Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
Address <u>11021 Hyw 455</u>			City <u>Antigo</u>		State <u>WI</u>		Zip <u>54409</u>		
Secretary		<u>LaBorde Tammy</u>		Middle Initial <u>M</u>		[REDACTED]		Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
Address <u>1409 S. Weimar St.</u>			City <u>Appleton</u>		State <u>WI</u>		Zip <u>54915</u>		
Treasurer		<u>Same</u>		Middle Initial		Date of Birth		Male <input type="checkbox"/> Female <input type="checkbox"/>	
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: <u>Delores B. Desten</u>									
FOR OFFICE USE ONLY									
Dept.	Approve	Deny	By	Reason					
Police									
Fire									
City Sealer									
Inspection									
S&L	Council	Date Issued		Exp. Date		License Number			