



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

APPLICATION for SALVAGE DEALER'S LICENSE

FEES ARE NON-REFUNDABLE

Date Recv'd 05/25/22

License Fee - Local \$207.00 Acct. CLSALV

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

Receipt 3662-2

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 <u>Maen W Motors LLC</u>			
Business Street Address <u>600 E Hancock St</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>
Business Telephone Number <u>920-202-2201</u>			

SECTION 2 - APPLICANT INFORMATION

Name <u>Kara Tullberg</u>			
Home Street Address <u>98 Estnerbrook Ct</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>
Date of Birth <u>[REDACTED]</u>	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	Telephone Number <u>[REDACTED]</u>

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

President	Last <u>Tullberg</u>	First <u>Charles</u>	Middle Initial <u>D</u>	Date of Birth <u>[REDACTED]</u>	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
Address <u>98 Estnerbrook Ct</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>		
Vice President	Last <u>Tullberg</u>	First <u>Kara</u>	Middle Initial <u>L</u>	Date of Birth <u>[REDACTED]</u>	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
Address <u>98 Estnerbrook Ct</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>		
Secretary	Last <u></u>	First <u></u>	Middle Initial <u></u>	Date of Birth <u></u>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address <u></u>		City <u></u>	State <u></u>	Zip <u></u>		
Treasurer	Last <u></u>	First <u></u>	Middle Initial <u></u>	Date of Birth <u></u>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address <u></u>		City <u></u>	State <u></u>	Zip <u></u>		

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: Ka Tullberg

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
City Sealer				
Inspection				
S&L <u>6-8-22</u>	Council <u>6-15-22</u>	Date Issued	Exp. Date	License Number

9-24-19

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