

# 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 5/12/25

☐ Outside City License - \$82.00

Total \$ 207

Receipt #: 8561-3

## SECTION 1 - BUSINESS INFORMATION

Legal Business Name AND Trade Name/DBA

Mr C's Motorcycles LLC and MRC CYCLE

Business Street Address

724 S. Outagamie St

City

Appleton

State

WI

Zip

54914

Business Phone Number

920-205-7821 (920-277-7062)

Business Email Address

janet@mrcycle.com

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

List the kind of materials the business deals in

Used motorcycle parts

## SECTION 2 - APPLICANT INFORMATION

Applicant Name (First, MI, Last)

Janet Ristau

Date of Birth

Address

716 Woodland Dr

City

Kaukauna

State

WI

Zip

54130

Drivers License

DL/ID State of issuance

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

No

Phone Number (Required)

## SECTION 3 - PARTNERSHIP/CORPORATION/ASSOCIATION/LLC INFORMATION

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

Name (First, MI, Last)

Glenn Ristau

Title

member

Date of Birth

Address

420 Green Haven Lane

City

Kaukauna

State

WI

Zip

54130

Name (First, MI, Last)

Daniel Ristau

Title

member

Date of Birth

Address

926 Manor Pl

City

Little Chute

State

WI

Zip

54140

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?

No

## 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:

Janet Ristau

Date:

5/6/2025

## FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police				
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