

New: _____

License Fee: _____

Renewal: _____

Receipt #: _____

APPLICATION FOR *RECYCLING* LICENSE

_____	Processing Facility \$110.00	_____	Recycling Center \$110.00	_____	Pick-Up Station \$110.00	_____	Reverse Vending Machine \$110.00
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To the Common Council of the City of La Crosse:

Legal/Real name: _____

Address of above: _____

Trade name of business: _____

Address of recycling business: _____

Business owner: _____

Kind of material to be collected, bought, sold or otherwise handled: _____

Detailed nature of business: _____

License Period: _____

The above hereby makes application for a license to operate a recycling business at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article XII of the Code of Ordinances for the City of La Crosse.

(Signature of Applicant)

(Date)

****THE ATTACHED PERSONAL DATA SHEET MUST BE COMPLETED****

OFFICE USE ONLY:

Customer #: _____ Granted: _____ License #: _____

PERSONAL DATA SHEET
(PLEASE PRINT ALL INFORMATION)

Each Officer AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

Name of Manager/Person in Charge: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____
