



**USED AUTOMOBILE DEALER
AUTOMOBILE SALVAGE
JUNK YARD**

VILLAGE OF WEST MILWAUKEE
In Accordance with Code: 18-121 through 18-160 - Auto
Code 18-491 through 18-540 - Junk Yard

NON-TRANSFERABLE LICENSE APPLICATION

Auto Dealer \$200.00 Auto Salvage \$400.00 Junk Dealer \$400.00

LICENSE PERIOD: JANUARY 1, 20___ THRU DECEMBER 31, 20___

Application is hereby made to the Village Board of the Village of West Milwaukee for _____
License under the terms and provisions of The Municipal Code of the Village of West Milwaukee.

ANSWER ALL QUESTIONS FULLY AND COMPLETELY: (PLEASE PRINT)

Full Name of Individual, Partnership, Corporation/Nonprofit Organization, Limited Liability Company or other:

Address of Individual, Partnership, Corporation/Nonprofit Organization, Limited Liability Company or other:

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax# _____ Cell Phone# _____

E-mail Address _____

Doing Business as (Name of business) _____ W. Milwaukee, WI (414) _____ - _____

Business name (D/B/A)

Business address

Business Phone #

Manager or person in Charge _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____ Phone # _____

E-mail Address _____ Cell Phone# _____

Name and address of partners or associates if it is a partnership, association or corporation: (Partners, Officers or Members)

Name _____ Address _____

City _____ State _____ Zip _____ Phone # _____

Are you a citizen of the United States? () Yes () No Date of Birth _____

Name _____ Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone# _____

Are you a citizen of the United States? () Yes () No

Describe type of business and character of goods handled: _____

Description of the property: _____

You must attach a Photostatic or certified copy of the motor vehicle/Salvage/Junk dealer's license required by the State under Wis. Stats. § 218.205 affixed to the application.

The undersigned, being first duly sworn on oath, says that he/she is the person who made and signed this application and that all statements made are true and correct. I understand that incomplete disclosure or any false statements on this application can be cause for denial of the license for which I am applying.

Signature of Applicant

Date

Subscribed and sworn before me this

_____ Day of _____ 20 _____

Notary Public, State of Wisconsin

My commission expires: _____

For Village Use Only

Date Application was received: _____ Receipt #: _____ Amount Received: \$ _____

Approved by

Village Board Date: _____ Approved or Denied: _____ Lic# _____

This is the report of the West Milwaukee Police Department's Investigation of the named applicant.

POLICE RECORD

Police Chief:

POLICE CHIEF APPROVAL: _____

DATE: _____

Respectfully submitted,

Chief of Police