



USED AUTO DEALER, AUTOMOBILE SALVAGE OR JUNK YARD VILLAGE OF WEST MILWAUKEE

In Accordance with Code: 18-121 thru 18-160 – Auto Code 18-491 thru 18-540 - Junk Yard
NON-TRANSFERABLE LICENSE APPLICATION

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

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

Application is hereby made to the Village Board of the Village of West Milwaukee for USED AUTOMOBILE/SALVAGE/JUNKYARD 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 # _____ Cell Phone# _____

E-mail Address _____

Doing Business as (Name of business) _____

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 provide a certified copy of the motor vehicle/Salvage/Junk dealer's license required by the State under Wis. Stats. § 218.205 once issued.

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 APPROVAL: _____ DATE: _____

Respectfully submitted,
Chief of Police