

**SCRAP DEALER LICENSE APPLICATION**

**CITY OF WAUPACA**

I \_\_\_\_\_, hereby apply for a license to do business as a  
Scrap Dealer in the City of Waupaca for a period of one year beginning \_\_\_\_\_  
and ending \_\_\_\_\_. I agree to comply with all laws, ordinances and  
regulations affecting the business as a Scrap Dealer in the said City if a license be granted  
to me.

**NAME OF BUSINESS:** \_\_\_\_\_

**ADDRESS OF BUSINESS:** \_\_\_\_\_

**NAME OF OWNER:** \_\_\_\_\_

**ADDRESS OF OWNER:** \_\_\_\_\_

**DESCRIPTION OF LOT AND BUILDINGS WHERE BUSINESS IS TO BE  
CONDUCTED:**  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**NAME OF COMPANY OR INDIVIDUAL**

**Phone Number:**  
\_\_\_\_\_

**By:** \_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**PRINT NAME**

**Date** \_\_\_\_\_

**(FOR OFFICE USE)**

**Filed** \_\_\_\_\_

**Approved by Plan Commission** \_\_\_\_\_

**Approved by Common Council** \_\_\_\_\_

**Fee**   \$100.00  

**Receipt No.** \_\_\_\_\_

**License No.** \_\_\_\_\_

**Issued** \_\_\_\_\_