

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: _____
(In City of Waupaca)

NAME OF OWNER: _____

MAILING ADDRESS: _____

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 Common Council _____

Fee \$150.00 (in City limits)/\$100.00 (outside City limits)

Receipt No. _____

Issued _____

