

New: X  
Renewal: \_\_\_\_\_

License Fee: 150.00  
Receipt #: 162123

APPLICATION FOR JUNK DEALER LICENSE Rev. 6/2017

☒ Junk Dealer (operates a junkyard) ☐ Itinerant Junk Dealer (does not operate a junkyard)

To the Common Council of the City of La Crosse:

Real/Legal Name of Applicant: Craig's River City Towing

Complete the Personal Data Sheet for each Owner, Officers and/or Manager or Person in Charge.

Address of Applicant: 1224 Island La Crosse, WI 54603

Trade Name of Business: Craig's Towing

Address of Junk Dealer Business: 1224 Island La Crosse, WI 54603

Applicant represents that the premise is not located within a distance of 1,000 feet from land zoned for single family residence district, residence district, multiple dwelling district, special multiple dwelling district or low density multiple dwelling district. If seeking a waiver pursuant to Sec. 10-460(b), complete Waiver section below.

Phone Number of Business: 608 784-1638

Detailed nature of business: Towing & Repair

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

Description of vehicle(s) to be used by applicant in the conduct of business:

(License Plate #/State)	(VIN)	(Year)	(Make)	(Model)
(License Plate #/State)	(VIN)	(Year)	(Make)	(Model)
(License Plate #/State)	(VIN)	(Year)	(Make)	(Model)

License Period: \_\_\_\_\_

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

[Signature]  
(Signature of Applicant)

7/24/17  
(Date)

**WAIVER OF 1,000 FOOT REQUIREMENT**

I hereby request a waiver of the 1,000 foot requirement pursuant to Sec. 10-460(b).

I further certify that premise for which application is being made for a Junk Dealer license was established prior to X or after \_\_\_\_\_ July 22, 2017 (check one).

If prior, a waiver may be granted upon simple majority vote of the Council without notification to property owners.

If after, property owners within 1,000 feet of premise must be notified (\$150.00 waiver fee due at time of application).

- If any property owner objects, waiver may only be granted by 2/3 super majority vote of the Council.
- If there is no objection, a waiver may be granted by a simple majority vote of the Council.

[Signature]  
(Signature of Applicant)

7/24/17  
(Date)

OFFICE USE ONLY: Customer #: 5357 Granted: \_\_\_\_\_ License #: \_\_\_\_\_

**PERSONAL DATA SHEET**  
(PLEASE PRINT ALL INFORMATION)

Each Owner, Officer **AND/OR** 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:**

<sup>Allen</sup>  
Craig A Redenbaugh  
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: 1506 Island  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_

Home Phone: 608 304-1493

Daytime Phone: 608 784-1638

Violations: \_\_\_\_\_

CITY OF LA CROSSE, WI

General Billing - 150539 - 2017

003900-0112 Rachel H... 07/24/2017 03:07PM

150123 CRAFTS FLOWING & REPAIR

**Name of Officer:**

<sup>Allen</sup>  
Sue A Redenbaugh  
(LAST, FIRST & FULL MIDDLE NAME)

Payment Amount:

150.00

Home Address: 1506 Island La Crosse, WI 54603  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_

Home Phone: 608 304-1493

Daytime Phone: 608 784-1638

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: \_\_\_\_\_