

New: X

License Fee: \$150.00

Renewal: _____

Receipt #: 200095

COPY

APPLICATION FOR JUNK DEALER'S LICENSE

To the Common Council of the City of La Crosse:

Legal/Real name: Kenneth T. Christenson Sr Ken's Auto Repair

Address of above: 1716 Gillette Pl La Crosse, Wis. 54603

Trade name of business: Ken's Auto Repair

Address of junk dealer's business: 1716 Gillette Pl - La Crosse, Wis. 54603

Business owner: Kenneth T. Christenson Jr

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

Detailed nature of business: Auto Repair

License Period: Sept. 9th, 2016 June 30th, 2017

The above applicant represents that the premises described are not located within 150 feet from any land zoned residence or multiple dwelling.

The above hereby makes application for a license to operate a junk dealer's 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.

Kenneth T. Christenson Jr
(Signature of Applicant)

8-8-16
(Date)

****THE ATTACHED PERSONAL DATA SHEET MUST BE COMPLETED****

OFFICE USE ONLY:
Customer #: 185791 Granted: _____ License #: 2

PERSONAL DATA SHEET
(PLEASE PRINT ALL INFORMATION)

Each Officer AND 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: Christenson Kenneth James Jr.
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: N4971 Briarcliffe Ct West Salem WI 54669-9307
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: H: 608-786-1337 Daytime Phone: 608-782-6151
C: 608-780-8083 SHIP.

Violations: None

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: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

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

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____