



City of La Crosse, Wisconsin

APPLICATION FOR RECYCLING LICENSE

Check One: New Renewal For the license period 7/1/2022 to 6/30/2023 Fee: \$ 110.00

License Class(es): Processing Facility Recycling Center Pick-Up Station Reverse Vending Machine

APPLICANT INFORMATION			
Legal/Real Name: GREEN CIRCLE RECYCLING LLC			
Address of Above: Street 2850 LARSON ST	City LA CROSSE	State WI	Zip Code 54603-1829
BUSINESS INFORMATION			
Trade Name of Business: GREEN CIRCLE RECYCLING			
Address of Recycling Business: 2500 COUNTY RD SS			
Detailed Nature of Business: Refuse and Recycling			
Kind of material to be collected, bought, sold or otherwise handled: Construction and demolition recycling.			

The above hereby makes application for a license to operate a recycling 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.

Melvin J. Hov... 5-11-22
Signature of Applicant Date

OFFICE USE ONLY			
Signature:	Date:	Granted:	License #:

Legal/Real Name: GREEN CIRCLE RECYCLING LLC	Trade Name: GREEN CIRCLE RECYCLING		
Premise Address: 2850 LARSON ST	Business ID: 002103-2019	Page: 1	

Personal Data Sheet for Officers/Members/Directors/Agents/Managers

Name: First MATHIAS		Middle WILLIAM	Last HARTER	
Home Address: Street 1338 CALEDONIA ST		City LA CROSSE	State WI	Zip Code 54603
Phone Number:	Email: MWHARTER@HARTERS.NET		Date of Birth: (mm/dd/yyyy)	
Name: First GARY		Middle FRANK	Last HARTER	
Home Address: Street 2850 LARSON ST		City LA CROSSE	State WI	Zip Code 54603
Phone Number: (608) 782-2082	Email: GHARTER@HARTERS.NET		Date of Birth: (mm/dd/yyyy)	
Name: First NAOMI		Middle MARIE	Last SCHALLER	
Home Address: Street N8439 MCWAIN DR		City HOLMEN	State WI	Zip Code 54636
Phone Number: (608) 304-0459	Email:		Date of Birth: (mm/dd/yyyy)	
Name: First		Middle	Last	
Home Address: Street		City	State	Zip Code
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy)	
Name: First		Middle	Last	
Home Address: Street		City	State	Zip Code
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy)	
Name: First		Middle	Last	
Home Address: Street		City	State	Zip Code
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy)	