



Revision 3/25/2021

City of La Crosse, Wisconsin

APPLICATION FOR JUNK DEALER LICENSE

Check One: ☐ New ☒ Renewal For the license period 7/1/2025 to 6/30/2026 Fee: \$ 160.00

License Class: (Check One)

☒ Junk Dealer☐ Itinerant Junk Dealer**APPLICANT INFORMATION**

Legal/Real Name:

KEN'S AUTO REPAIR LLC

Address of Above: Street

1716 GILLETTE PL

City

LA CROSSE

State

WI

Zip Code

54603-2302

BUSINESS INFORMATION

Trade Name of Business:

KEN'S AUTO REPAIR

Phone Number of Business:

(608) 782-6151

Address of Junk Dealer Business:

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.

1716 GILLETTE PL

Detailed Nature of Business:

AUTO REPAIR

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

VEHICLES

VEHICLE INFORMATION

License Plate #/State:

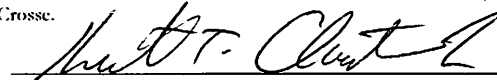
VIN:

Year:

Make:

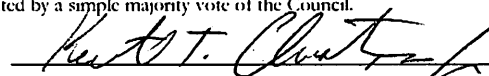
Model:

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 of Applicant8-4-25
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 ☐ 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 of Applicant8-4-25
Date**OFFICE USE ONLY**

Signature:

Date:

Granted:

License #:

Legal/Real Name: KEN'S AUTO REPAIR LLC		Trade Name: KEN'S AUTO REPAIR	
Premise Address: 1716 GILLETTE PL		Business ID: 002162-2019	Page: 1

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

Name: First		Middle	Last	
KENNETH		THOMAS	CHRISTENSON, JR	
Home Address: Street		City	State	Zip Code
N4971 BRIARCLIFFE CT		HAMILTON	WI	54669
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy)	
	CHRISTENSONKJR@GMAIL.COM			

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)	

Name: First		Middle	Last	
Home Address: Street		City	State	Zip Code
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy)	