



# City of La Crosse, Wisconsin

## APPLICATION FOR RECYCLING LICENSE

4/2025

Check One:  New  Renewal For the license period WHEN ISSUED to JUNE 30, 2026 Fee: \$ 150.00

Processing Facility  Recycling Center  Pick-Up Station  Reverse Vending Machine

BUSINESS INFORMATION				
Legal/Real Name:				
7 RIVERS RECYCLING, LLC				
Address:	Street	City	State	Zip Code
W6833	INDUSTRIAL BLVD	ONALASKA	WI	54650
Trade Name:				
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Phone Number:				
[REDACTED]				
PREMISES INFORMATION				
Address of Premises to be Licensed:				
4329 EAST AVE S, LA CROSSE, WI 54601				
Detailed Nature of Business:				
MATTRESS & BOX SPRING RECYCLING				
Kind of material to be collected, bought, sold or otherwise handled:				
MATTRESS & BOX SPRINGS TO BE COLLECTED FROM CUSTOMERS -- MATERIAL TO BE RECOVERED: STEEL SPRINGS, POLYUROTHANE FOAMS, AND OTHER FELTS FROM UNITS. MATERIAL TO BE BALED FOR PURCHASE OR GIVEN AWAY FOR UPCYCLING.				

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 XII of the Code of Ordinances for the City of La Crosse and subject to all laws of the State of Wisconsin. Failure upon the part of this applicant to comply with such laws ordinances shall be justification for the revocation of any license that may be issued pursuant hereto.

*Brandon Knutson*  
 (Signature of Applicant)

March 5, 2026  
 (Date)



**OFFICE USE ONLY:**

Customer #: \_\_\_\_\_

Granted: \_\_\_\_\_

License #: \_\_\_\_\_

# Personal Data Sheet

(Please PRINT All Information)

Each Officer/Member 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".

MANAGER/PERSON IN CHARGE				
Name: First	Middle	Last		
BRANDON	MICHAEL	KNUDTSON		
Home Address: Street	City	State	Zip Code	
3508 CLIFFSIDE DR	LA CROSSE	WI	54601	
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
[REDACTED]	[REDACTED]	[REDACTED]		
Violations:	NONE			
OFFICER/MEMBER				
Name: First	Middle	Last		
TAYLOR	SCOTT	KOHLWEY		
Home Address: Street	City	State	Zip Code	
N5555 SOBKOWIAK RD	ONALASKA	WI	54650	
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
[REDACTED]	[REDACTED]	[REDACTED]		
Violations:	NONE			
OFFICER/MEMBER				
Name: First	Middle	Last		
Home Address: Street	City	State	Zip Code	
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Violations:				
OFFICER/MEMBER				
Name: First	Middle	Last		
Home Address: Street	City	State	Zip Code	
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Violations:				
OFFICER/MEMBER				
Name: First	Middle	Last		
Home Address: Street	City	State	Zip Code	
Phone Number:	Email:	Date of Birth: (mm/dd/yyyy)		
Violations:				