

New: X

License Fee: \_\_\_\_\_

Renewal: \_\_\_\_\_

Receipt #: \_\_\_\_\_

### APPLICATION FOR RECYCLING LICENSE

_____ Processing Facility \$110.00	<u>X</u> Recycling Center \$110.00	_____ Pick-Up Station \$110.00	_____ Reverse Vending Machine \$110.00
	<u>X \$110 late fee</u>		

To the Common Council of the City of La Crosse:

Legal/Real name: 7 Rivers Recycling, LLC

Address of above: W6833 Industrial Blvd.

Trade name of business: \_\_\_\_\_

Address of recycling business: 403 Car. St, La Crosse, WI 54603

Business owner: Larry Hougom, Brandon Knudtson + Gabe Nugent  
(Board of managers)

Kind of material to be collected, bought, sold or otherwise handled: Spring Deconstruction / Recycling  
Mattress + Box

Detailed nature of business: Recycling of mattresses/box springs

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

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.

Brandon Knudtson  
(Signature of Applicant)

28 June 2024  
(Date)

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

**OFFICE USE ONLY:**

Customer #: \_\_\_\_\_ Granted: \_\_\_\_\_ License #: \_\_\_\_\_

**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:** Knudtson Brandon Michael  
(LAST, FIRST & FULL MIDDLE NAME)  
Home Address: 3508 Cliffside Dr, La Crosse WI 54601  
(STREET ADDRESS, CITY, STATE & ZIP)  
Date of Birth: [REDACTED] Home Phone: - Daytime Phone: 608-780-4454  
Violations: N/A

**Name of Officer:** Hougom, Larry Michael  
(LAST, FIRST & FULL MIDDLE NAME)  
Home Address: 213 10th Ave NE, Onalaska WI 54650  
(STREET ADDRESS, CITY, STATE & ZIP)  
Date of Birth: [REDACTED] Home Phone: - Daytime Phone: 608-783-6727  
Ext 105  
Violations: N/A

**Name of Officer:** Nugent, Gabriel, Lawrence  
(LAST, FIRST & FULL MIDDLE NAME)  
Home Address: 530 La Crosse St, Onalaska, WI 54650  
(STREET ADDRESS, CITY, STATE & ZIP)  
Date of Birth: [REDACTED] Home Phone: - Daytime Phone: 608-385-9388  
Violations: N/A

**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: \_\_\_\_\_