New:			License Fee:
Renewal:			Receipt #:
APPLICATION	ON FOR RECY	CLING LICENS	E
Processing Facility \$110.00	Recycling Center \$110.00	Pick-Up Station _ \$110.00	Reverse Vending Machine \$110.00
To the Common Council of the City of	_		
Legal/Real name: 7 Rivers	Recyclin	, LLC	
Address of above: W6333	Industrial	Blvd.	
Trade name of business:	V	No. 1	, \
Address of recycling business: 40	13 Car.	St, La Crosse	WE 54603
Business owner: Larry House (Board of managers) Cale No.	gom, Bra gent	ndon Knu	WE 54603 dtson +
Kind of material to be collected, bought	t, sold or otherwis	e handled: Ma	ttress + Box
Detailed nature of business:	icling of	mettricus/b.	ok Springs
The second secon			
License Period:			
The above hereby makes application for a the City of La Crosse pursuant to provision La Crosse.	a license to operate	rticle XII of the Code Wounder / (Signature of Code)	of Ordinances for the City of well for of Applicant) 2024 Pate)
THE ATTACHED PERS	SONAL DATA SH	IEET MUST BE CO	OMPLETED
OFFICE USE ONLY: Customer #: Granted:		cense #:	. The second

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/Perso	n in Charge: Knudtson B	Grandon Michael
Home Address: 3508	Cliffside Dr. La	FULL MIDDLE NAME) (COSSL WE 54601 ESS, CITY, STATE & ZIP)
Date of Birth:	(STREET ADDR	Daytime Phone: 608-780-4454
Violations:/A		
Name of Officer: Ho	ugom Lappy Mi	chael
Home Address: 2/3	(LAST, FIRST &	Charles NAME) FULL MIDDLE NAME) Charles Market Ma
Date of Birth:	Home Phone:	Daytime Phone: <u>6 48 -18 3 -6</u> 727
Violations:		Ext 105
Nome of Officery	lycant (sabcial.	Lawrence
Name of Officer:	(LAST, FIRST 8	Lawrence FULL MIDDLE NAME) a Sha, WI 54650 RESS, CITY, STATE & ZIP)
Home Address: 530	La Crosse St. Chall	RESS, CITY, STATE & ZIP)
Date of Birth:	Home Phone:	RESS, CITY, STATE & ZIP) Daytime Phone: 608-375-9378
Violations: N/A		
Name of Officer:	(LAST, FIRST 8	& FULL MIDDLE NAME)
Home Address:		200 ATATE 9 200
Date of Birth:		RESS, CITY, STATE & ZIP) Daytime Phone:
Name of Officer:	(LAST, FIRST 8	
	(STREET ADD	
Date of Birth:		Daytime Phone:
	-	