



Auto Salvage / Scrap Metal Dealer Application

Office Use Only

Date Received:	Fee Receipt #:	Zoning District:	Parcel #:
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Type of Request

License Applying For:	Type of Business:
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Applicant Information

Name:	Phone:	Email:
Address:		
Applicant is: Owner Authorized representative/other (describe):		
Owner information (if different than Applicant)		
Name:	Phone:	Email:
Address:		

Business Information

Business Name:	Phone:	Email:
Address:		
Description of Business; services offered, materials being handled, etc. (attach additional pages if needed):		

Background Information

Previous Employer:	Phone:	Email:
Address:		Dates of employment:
Past residences in past 5 years (include city & state):		
Have you been convicted of a felony? If yes, explain:		
Have you been convicted of a misdemeanor? If yes, explain:		
Have you previously engaged in this type of business? If yes, explain:		

Fees

Application Fee: \$50	Background Inspection Fee:	Total:
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As undersigned, I hereby apply for a license to do business as a Scrap Dealer and/or Auto Salvage Dealer in the City of Marshfield for a period of one year, beginning and ending December 31, 20 . I agree to comply with all laws, ordinances, and regulations affecting the business described above, if the City grants the requested license to me.

Applicant Signature:

Date:

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Building Inspector Review	Approved?:
Police Review	Approved?:
Background check granted?	
Zoning Review	Approved?:
Board Review	
JLC Approval:	
Common Council Approval:	
Permit Issue Date:	