Department of Planning & Economic Development

City of Marshfield – Plan Commission
P.O. Box 727
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Marshfield, WI 54449-0727
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Auto Salvage / Scrap Metal Dealer Application

Fee: $50.00 +
Background Inspection Fee

Please answer the following questions fully and completely:

Type of License Being Applied for:

____ Auto Salvage Dealer ____ Scrap Metal Dealer

The Applicant Business is:

____ Corporation ____ Partnership ____ Individual ____ Other:_____
(Please Specify)

A. APPLICANT AND PROPERTY OWNER INFORMATION:

Applicant:_____Phone:_____

Applicant's Mailing Address:_____

Length of Residency:_____Email Address:_____

Property Owner:_____ Phone:_____

Property Owner's Mailing Address:_____

B. AUTO SALVAGE / SCRAP METAL BUSINESS INFORMATION

Company Name:_____ Phone:_____

Address:_____

Services Offered:_____

Description of Business:_____

_____

_____

_____

C. APPLICANT HISTORY

Previous Employment

Company:_____ Phone:_____

Address:_____From:_____ To:_____

Job Title & Duties:_____

Places of Residence (Past 5 Years)

Cities, States:_____

_____

Have you ever been Convicted of a Felony? ☐ Yes ☐ No

If Yes, Explain Offense:_____

Have you ever been Convicted of a Misdemeanor? ☐ Yes ☐ No

If Yes, Explain Offense:_____

Have you previously been engaged in the business for which the license is sought?

☐ Yes ☐ No If Yes, Please Explain:_____

_____

_____

D. BUSINESS DETAILS

List the kind of Materials to be Accumulated, Collected, Traded, Bought, Sold, or Otherwise Handled.

_____

_____

_____

I, _____(print name), hereby apply for a license to do business as a Scrap Metal Dealer, 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 as a Scrap Metal Dealer, Auto Salvage Dealer in said City if a license were granted to me.

_____ _____

Signature of Applicant **Date**

For Office Use Only:

Is the location of this business in accordance with local zoning, building code and permit requirements?

____ Yes ____ No ____ Grandfathered

_____

Signature of Zoning Administrator

Background Check

_____ Be Granted _____Not Be Granted

_____

Police Chief

For Office Use Only:

___Approve _____

___Deny Signature of Police Chief

___Approve _____

___Deny Signature of Building Inspector

Filed: _____ License #: _____

Approved by JLC: _____

Approved by Common Council: _____

Fee: _____ Receipt #: _____

Issued: