CITY OF JANESVILLE
Motor Vehicle Salvage Dealer Application (LP)
Licensing Period: July 1 through June 30

☐ New
☐ Renewal

Attach to Application:
Plat, Survey, or Drawing as Described Below
Copy of WI Motor Vehicle Salvage Dealer License

Fee: $210.00
City Ordinance: 5.64

City of Janesville ordinance 5.02 requires accounts with the City be current before a license can be issued.
Fee is non-refundable.

Company Trade Name: _____ Company Phone #: _____

Company Address: _____
Street City State Zip

Owner's Legal Name: _____ Owner's Phone #: _____

Manager's Legal Name: _____ Home Phone #: _____

Manager's Home Address: _____
Street City State Zip

Date of Birth: _____ Social Security Number: _____

Previous Address: _____
Street City State Zip

List all Owners, Partners, Associates, and Corporate Officers:

Legal Name	Address	City of Janesville Resident	Rock County Resident	Citizen of USA
		____Years ____Months	____Years ____Months	____Yes ____No
		____Years ____Months	____Years ____Months	____Yes ____No
		____Years ____Months	____Years ____Months	____Yes ____No
		____Years ____Months	____Years ____Months	____Yes ____No
		____Years ____Months	____Years ____Months	____Yes ____No

Legal Description of Premises: _____

Describe the type of business to be carried on and the type and character of goods to be handled:

Required:
1. A plat, survey, or drawing showing the boundary lines of the premises, the location and outline of any building located thereon, the type of zoning, street, curb, and sidewalk lines, building setback lines, and the location and outline of any residences, apartments, stores, businesses, or industries within 500 feet of the boundaries of said premises. The plats shall also disclose whether the applicant shall accumulate or store any junked automobiles or parts thereof outside of any building, the proposed quantity thereof, and the proposed manner of storing same.

2. A photocopy or certified copy of the Motor Vehicle Salvage Dealer's License required by the State of Wisconsin under Section 218.205, Wisconsin Statutes, shall be attached to this application.

_____
Signature of Applicant Date

Office Use Only: Building Inspector _____ Fire Inspector _____ Sanitary Inspector _____

Council Approval Date: _____ License Number: _____