



**MARSHFIELD**  
The City in the Center

Revised: 1/1/16

City of Marshfield  
630 South Central Avenue  
6th Floor, Suite 502  
Marshfield, WI  
54449

Telephone: 715-384-3636  
Fax: 715-384-7831  
Email:

lori.panzer@ci.marshfield.wi.us

## Auto Salvage / Scrap Metal Dealer Application

Fee: \$50 +  
Background Inspection Fee

### Type of License Being Applied for:

Auto Salvage Dealer       Scrap Metal Dealer

### The Applicant Business is:

Corporation     Partnership     Individual     Other:

### Applicant and Property Owner Information:

Applicant:  Date of Birth:  Ph:

Address:  City:  State:  Zip Code:

Length of Residency:  Email:

Property Owner:  Ph:  Fax:

Property Owner's Mailing Address:

### Auto Salvage / Scrap Metal Business Information:

Company Name:  Ph:  Fax:

Address:  City:  State:  Zip Code:

Services Offered:

### Description of Business:

### Application History:

#### Previous Employment

Company Name:  Ph:

Address:  From:  To:

Services Offered:

---

**Application History cont.**

Places of Residence (past 5 years - Cities, States)

---

Have you ever been convicted of a felony?  Yes  No

Have you ever been convicted of a misdemeanor?  Yes (explain)  No

---

Have you previously been engaged in the business for which the license is sought?  Yes  No

---

**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.

---

Applicant Signature:

Date:

Reset Form

Save As

**For Office Use Only:**

Approved       Deny

Signature of Police Chief

Approved       Deny

Signature of Building Inspector

Filed  License

Approve by JLC:

Approved by Common Council:

Fee:  Receipt #:

Issue:

**For Office Use Only:**

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

Ye       No       Grandfathered

Signature of Zoning Administrator

Background Check

Be Granted       Not be Granted

Signature of Police Chief