

MOTOR VEHICLE SALVAGE DEALER OR RECYCLER TWO YEAR LICENSE APPLICATION

MV2180 10/2006 Ch. 218 Wis. Stats.

Wisconsin Department of Transportation
Dealer Section
PO Box 7909
Madison, WI 53707-7909

Amending Current License Information

FOR OFFICE USE ONLY	
Issued	Expires

Legal Name	Area Code - Telephone Number	Dealer License Number
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Trade Name(s) or DBAs	Federal Employer Identification Number
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Business Address	Post Office Box Number	City	State	ZIP Code	County where business located
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Mailing Address - If Different from Business Address	E-mail Address
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Business Entity	<input type="checkbox"/> Association	If Corporation or LLC, Date Licensed in Wisconsin	State of Incorporation or Organization	<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Township
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation		Name:			
<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC					

Address of Additional Salvage or Recycling Location in Same Municipality, which conforms with local zoning requirement

Name and Title of Owner, Partners, Association Members, Corporation Officers and Shareholders, LLC Managers and Members
Complete an Entity/Owner Statement (Form MV2844) for each individual listed.

Completely describe other business, if any, engaged in by your firm	Same location? <input type="checkbox"/> No <input type="checkbox"/> Yes	SALES TAX SELLER PERMIT NUMBER
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NO YES

Was there a licensed dealer at this same location previously this year?
If yes, Name dealer _____

Have you, as an individual and your above-named firm, been licensed as a dealer before?
If yes, Same location? No Yes

Has your motor vehicle dealer license ever been denied, suspended or revoked?
If yes, When and what state? _____

Are you licensed as a motor vehicle dealer at same location?
If yes, Give license number _____

You must submit 2 letters from the WI Dept. of Natural Resources: One confirming your coverage under a storm water permit and a second confirming your registration with the refrigerant recovery program or that you have certified through another refrigerant recovery compliance method.
Type 4 - Salvage does not need a storm water permit.

Complete ONE of the following (whichever applicable):
Is business real estate owned by: YES NO
Owner of sole proprietorship If no,
One partner of partnership send copy
Corporate dealership of lease.
LLC

Check one of the following statements, which properly explains the minimum type business facilities provided and the extent of this motor vehicle salvage or recycling operation at main location. If you listed above an additional salvage business address within the same municipality, also check type of facilities and operation for such additional location, below right.

Business Type

- Type 1. Facilities include business office on or adjacent to the salvage yard where motor vehicles are dismantled and/or stored.
- Type 2. Facilities are provided and salvage business is conducted strictly within building, in which business office is provided and motor vehicles are stored and dismantled; there is no adjacent salvage yard.
- Type 3. Facilities include business office on or adjacent to the scrap metal recycling operation (shredder, baler, etc.) where salvage motor vehicles and other scrap metal commodities are reduced in size for shipment to metal producing companies.
- Type 4. Facilities do not include a salvage yard, but only a business office for maintenance of required motor vehicle salvage records. Salvage motor vehicles are purchased from vehicle owners and transported directly to salvage yards or scrap metal recyclers. The vehicle(s) used for transporting salvage metals shall be parked and stored at the following location, which has been approved by local authorities:

Anticipated Date Business Facilities Will Be Ready

I, the undersigned, certify under penalty of s.946.32 or s.345.17 Wisconsin Statutes, that the answers and statements on this application are true and correct to the best of my knowledge.

Submit this application with completed Entity/Owner Statement, financial statement on form enclosed and \$150.00 two year license fee payable to: Registration Fee Trust.

See reverse side.

X _____
(Authorized Dealership Agent, Title) (Date)

Following Applies To First-time Dealer Applicant Or Application For Amended License Because of Business Relocation or Ownership Change

Proper local officials must sign below, BEFORE submitting this application. All applicants complete section A. If business is located in a township, complete both sections A and B.

Attention Zoning Authorities: See front of application for type of salvage operation being conducted.

Section A

Business Name / Location	Business Type <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<p>1. Operation of the salvage business, type indicated above, at the location(s) stated above is in accordance with local zoning, building code and permit requirements.</p> <p style="text-align: center;">_____ X _____</p> <p style="text-align: center;">(Print Name) (Signature)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Official Title) (Municipality)</p>	
<p>2. S.175.25 Wisconsin Statutes, requires a permit be issued by (1) the common council or village board, if the salvage yard is located within the corporate limits of any city or village, OR (2) the town board, if the salvage yard is located within 2,000 feet outside the corporate limits of a city or village, or within 750 feet of the center line of any county trunk, state trunk or federal highway, or within 500 feet of the center line of any town road.</p> <p>Check one box and sign below:</p> <p><input type="checkbox"/> A local permit or license is required and has been issued.</p> <p><input type="checkbox"/> A local permit or license is not required.</p> <p style="text-align: center;">_____ X _____</p> <p style="text-align: center;">(Print Name) (Signature)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Official Title) (Municipality)</p>	

Section B

Business Name / Location	Business Type <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<p>County Zoning Approval - required only if business is located in a township.</p> <p>Operation of the salvage business, type indicated above, at the location(s) stated above is in accordance with local zoning regulation.</p> <p style="text-align: center;">_____ X _____</p> <p style="text-align: center;">(Print Name) (Signature)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Official Title) (County)</p>	

If business address on front does not include a specific street number, furnish directions to your business location, including highway numbers or letters and distances.
