

USED CAR DEALER APPLICATION

DATE _____

1. NAME _____

2. HOME ADDRESS _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____

5. CORPORATION NAME: _____

Date of incorporation _____

Place of incorporation _____

Officer(s) names and address

6. Is this business only in used cars? _____ Yes _____ No
State other business, if any, and location: _____

7. Has an application for a similar permit or license been refused or canceled by this or any other municipality in this state? _____ Yes _____ No

If yes, state reason:

9. Wisconsin State License Number _____

APPLICANT SIGNATURE _____

DATE _____

Building Inspector _____

Approved _____

Denied _____