

**See Instructions on back of form**

**A. SOLE PROPRIETOR (ONLY) COMPLETE THIS SECTION**

Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name	Middle Name	Last Name	
Home Address		City	State	Zip

\* Sole Proprietor must complete an Auxiliary Questionnaire

**B. PARTNERSHIP (ONLY) COMPLETE THIS SECTION**

FULL NAME OF EACH PARTNER

Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name	Middle Name	Last Name
Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name	Middle Name	Last Name

\* Each Partner must complete an Auxiliary Questionnaire

**C. CORPORATION or LIMITED LIABILITY (ONLY) COMPLETE THIS SECTION**

Registered Name of Corporation			
List all officers below (use additional paper if necessary)			
First Name	Middle Name	Last Name	Title

\* Each Officer must complete an Auxiliary Questionnaire

**D. ALL APPLICANTS MUST COMPLETE THIS SECTION**

Business Trade Name	Business Phone	Business Fax
Physical Address	City	Zip
Address Where Vehicles Are Stored	City	Zip
Location(s) Where Recyclable Materials are Disposed/Stored		

**Continued on back of form**

Mail or bring completed form with payment and Certificate of Liability Insurance to:  
Licensing, City of Eau Claire  
PO Box 909  
203 S. Farwell St  
Eau Claire WI 54702-0909  
Email: [licensing@eauclairewi.gov](mailto:licensing@eauclairewi.gov)

08/19 8.32 cc PD: \_\_\_\_\_ Lic # \_\_\_\_\_

Office use only  
Do not write in this area  
City Council \_\_\_\_\_





**REFUSE/RECYCLABLE  
BUSINESS LICENSE APPLICANT  
AUXILIARY QUESTIONNAIRE**

EACH PERSON LISTED ON THE LICENSE APPLICATION MUST COMPLETE THIS FORM

Drivers License or I.D.#		DL State	Date of Birth	Phone No. (    )    -	
Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name	Middle Name		Last Name	
Home Address			City	State	Zip
Mailing Address (if different from above)			City	State	Zip
Previous Address (1 yr prior to application date)			City	State	Zip

- Have you EVER been convicted of a felony, criminal violation, misdemeanor, ordinance violation, or have you ever been convicted of violating any other Federal, State, or local laws or ordinances of any municipality?  
 \* If you answered YES you must fill out the back of this form  Yes  No
- Have you EVER changed your name?  Yes  No  
 If yes, list other names you have had: \_\_\_\_\_
- Are there any CRIMINAL charges PRESENTLY PENDING against you?  Yes  No  
 \* If you answered YES you must fill out the back of this form
- How long have you continuously resided in Wisconsin prior to this date?  
 \_\_\_\_\_
- Employment history for the past two years:  
 \_\_\_\_\_  
 \_\_\_\_\_

PLEASE be advised that the Police Department will review the information on your application. Any information that is omitted, incomplete, or incorrect will likely cause the police department to reject your permit application.

APPLICANT'S STATEMENT

*I hereby certify that the answers on this application are true and correct to the best of my knowledge. I agree, in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin, and the provisions of the Municipal Code of Ordinances of the City of Eau Claire.*

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail or bring completed form with Refuse/Recyclable Business license application to:  
 Licensing, City of Eau Claire  
 PO Box 909  
 203 S. Farwell St.  
 Eau Claire WI 54702-0909  
 Phone: 715-839-4923

**REFUSE/RECYCLABLE  
BUSINESS LICENSE APPLICANT  
AUXILIARY QUESTIONNAIRE (continued)**

**LIST ALL PAST VIOLATIONS**

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

**PENDING CHARGES**

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Charge \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Charge \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Charge \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Charge \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Charge \_\_\_\_\_