



**APPLICATION FOR RECYCLING
FACILITY/SALVAGE OPERATION LICENSE**

License Valid Dates: _____

I hereby make application for a license to operate a Recycling/Salvage Operation License in the City of Ashland. I hereby agree to comply with the City of Ashland UDO Code and all Federal and State laws and regulations, along with local ordinances affecting the buying or selling at retail or wholesale or dealing in hides or any old, used or secondhand materials of any kind, including electronics, glass, cloth, rags, paper, rubbish, bottles, rubber, iron, brass, copper or any other kind of metal, used motor vehicles or parts thereof or other articles which are commonly classified as junk.

BUSINESS

NAME: _____

BUSINESS ADDRESS: _____

PHONE NUMBER: _____

APPLICANT

NAME OR BUSINESS CONTACT: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Explain the nature of the business to be conducted and the kind of materials to be collected, bought, sold or otherwise handled:

Additional information required:

Fees Applied as allowed by the City Council: \$100

- Copy of valid WI Seller's Permit is required
- Copy of valid WI Tax Registration is required
- Certificate of Liability Insurance is required

Applicant Signature _____

Date _____