



7325 W. Forest Home Ave., Room 102
Greenfield, WI 53220
Telephone: (414) 329-5219
Fax: (414) 543-0591

License Fee: \$25.00 per machine

**APPLICATION FOR A COIN OPERATED OR AUTOMATIC
DRY CLEANING AND/OR WASHING MACHINE LICENSE**

The undersigned hereby respectfully makes application to the Common Council of the City of Greenfield for a Dry Cleaning and/or Washing Machine License under the provisions of Section 13.13 of the Greenfield Municipal Code. **Said license to expire June 30, 2020.**

ANSWER THE FOLLOWING QUESTIONS COMPLETELY: (PLEASE PRINT)

SECTION 1. THIS SECTION MUST BE COMPLETED BY AN INDIVIDUAL APPLICANT OR THE AGENT OF A CORPORATION OR LLC

Complete Legal Name of applicant _____
(FULL First Name) (FULL Middle Name) (Last Name)

Home address _____

City _____ State _____ Zip _____ Phone # _____

Date of birth _____ City & State of birth _____

Driver's License Number _____ State _____

Last four digits of Social Security Number _____ Email: _____

Individual applicant continue by completing all questions in Section 4.

Agent of Corporation or LLC continue by completing all questions in Sections 2 & 4.

SECTION 2. THIS SECTION MUST BE COMPLETED BY CORPORATION OR LLC

Name of corporation or LLC _____

Address of corporation or LLC _____

City _____ State _____ Zip _____ Phone # _____

Agent of Corporation or LLC continue by completing all questions in Section 4.

SECTION 3. THIS SECTION MUST BE COMPLETED BY PARTNERSHIPS

Name of partnership _____

Complete Legal Name of partner #1 _____
(FULL First Name) (FULL Middle Name) (Last Name)

Home address _____

City _____ State _____ Zip _____ Phone # _____

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SECTION 3 REGARDING PARTNERSHIPS CONTINUED.

Date of birth _____ City & State of birth _____

Driver's License Number _____ State _____

Last four digits of Social Security Number _____ Email: _____

Complete Legal Name of partner #2 _____
(FULL First Name) (FULL Middle Name) (Last Name)

Home address _____

City _____ State _____ Zip _____ Phone # _____

Date of birth _____ City & State of birth _____

Driver's License Number _____ State _____

Last four digits of Social Security Number _____ Email: _____

Partnership continue by completing all questions in Section 4.

SECTION 4. Name and address of manager or person in charge _____

Trade name of business _____ Phone # _____

Address of business _____ Zip _____

Number of dry cleaning machines _____ Number of washing machines _____

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge.

Signature of Individual applicant, Agent of Corporation
or Partners of Partnership