

Fee: \$50.00 (per year)
Payable to City of Menasha

Do Not Write In Space – For Office Use Only
Receipt No. _____
Dated _____
License No. _____

APPLICATION TO OPERATE A SECOND HAND STORE
IN THE CITY OF MENASHA, WISCONSIN

The undersigned hereby makes application to the City Clerk of the City of Menasha, Wisconsin, for a license to operate a Second Hand Store.

Trade Name _____

Address _____

For the Period _____

Please print or type the requested information:

1. Name _____

2. Address _____

3. Phone (H) _____ (W) _____

4. Date of Birth _____

5. Social Security Number _____

6. Name and address of owner of premises _____

I agree to comply with the laws of the State, the ordinances of the City and all other rules and regulations the Common Council may lawfully require.

Date: _____ Signed _____

Return to: Menasha City Clerk, 140 Main St., Menasha, WI 54952-3190.