

Fee: \$200.00 (per year)  
Payable to City of Menasha

Do Not Write In Space –  
For Office Use Only

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.