



SALVAGE TYPE 2 BUSINESS FACILITIES STATEMENT

Wisconsin Department of Transportation
MV3185 12/2015

Wisconsin Department of Transportation
Dealer Section, PO Box 7909
Madison, WI 53707-7909
Telephone: (608) 266-1425

Legal Business Name <i>Precision Towing & Recovery</i>	Date Facilities Will Be Ready (m/d/yyyy) <i>4/19/22</i>
Business Address, City, State, ZIP Code <i>1117 State St., Black Earth, WI 53515</i>	

— These requirements must be met before a license can be issued. —

Business Facility Requirements

- 1. A permanent building.
- 2. An office. Vehicles are dismantled and parts are sold indoors.
- 3. The building and premises comply with all local zoning, building code and permit requirements.
- 4. An exterior business sign with business name as it will appear on the license certificate and any other name used to do business under. The lettering of the sign must be a minimum of 4 inches high, unless smaller dimensions are required by local zoning or sign ordinance.
- 5. A sign displaying the salvage license number on any truck – tractor used to haul, tow or push salvages vehicles.
- 6. A sign posted on or adjacent to the entrance door describing business hours.
- 7. A Federal Employee Identification Number.
- 8. A Sales Tax Seller Permit Number.
- 9. Conformation from the Department of Natural Resources (DNR) for Storm Water Recovery and Refrigerant Recovery programs.

Is the business real estate owned by the dealership entity (e.g., corporation)?

- Yes No – If no, attach copy of signed lease agreement.

Is more than one motor vehicle business located at this facility?

- Yes No

If Yes, describe other business(es):

The additional requirement for businesses that share facilities is:

1. A copy of the lease agreement between the owner of the property and the dealer along with a diagram of how the facilities are shared between the businesses.

If an inspection determines that the business facilities do not meet the requirements, I will not be issued any license credentials until the Department verifies the facilities are in compliance.

I declare this is a true and accurate statement. I realize my place of business is subject to inspection and any false statements regarding the above requirements will subject my license to revocation, suspension or denial. I, as owner, partner, officer of the corporation, association member, LLC member or LLC manager have authority to sign this statement.

I certify the place of business listed above meets or will meet all the requirements under Trans 138.03 of the Wisconsin Administrative Code. The facilities will be ready on the above indicated date.

Applicant Title
office manager

x Samantha Danzyk
(Applicant Signature)

4/19/22
(Date – m/d/yyyy)