Receipt No	Amount 100.07	License N	0
Fee: \$100.00 Account No. 101.03	0.649		
Application for Motor Vehicle Towing License – City of Racine, WI			
	Date	11/10	
	Expires Jui	ne 30, 2011	
I hereby certify that I am owner, partner, or corporate officer of business applying for motor vehicle towing license, and further certify that I have met all licensing requirements as outlined in Sec. 22-831 through 22-840 of the Racine Municipal Code, and that inspection certificates of motor vehicles being used are attached.			
Name of Towing Company Jensen Towing			
Business Address 2625 N	. Green Bay rd.	Zip Cod	e <u>53404</u>
Individual (Name of Applicant)	ula Jensen	i.e.	
Home Address 6215 -	\$ 07" St - Pleasant P		900
Partnership (Name, addresses, and phone	numbers of partners:		
Name	Addr	ess — The second of the second	Phone No.
Corporation Name <u>FINSER FILESENTINC.</u>			
Names, addresses, and phone numbers of officers:			
Title 3	Name and Address		Phone No.
President Paula Jense		st. PP. W153158	262 630-0158
Vice-President			
Secretary "			
Treasurer			
Name, address, and phone number of pers	on in charge:		
Haulatersen Phone No. 262656-1100			
* Insurance Underwriter: Wester	n National		
Paulol			
Signature of Applicant			
Date of Birth		* Attach insurance certific	ate