



# Redemption Center Application

## Is this an existing facility?

Select the facility from this list to pre-populate the form.

Waukon Redemption Center

### Facility Information

### Owner/Responsible Party Contact

**Type** Redemption Center

**Owner First Name** Ben & Shannon

**Facility Name** Waukon Redemption Center

**Owner Last Name** Larkin

**Address Line 1** 707 West Main St

**Address Line 1** 707 West Main St

**Address Line 2**

**Address Line 2**

**City** Waukon

**City** Waukon

**County** Allamakee

**State** Iowa

**State** Iowa

**Zip** 52172

**Zip** 52172

**Phone** (563) 447-7564

**Phone** (563) 447-7564

**Fax**

**Fax**

**Email** benlarkin2009@hotmail.com

### More Details



The operator of the redemption center understands it must accept all redeemable containers, except for those containers exempted in rule 567-107.13(455C).

**Additional  
Comments**

### Preparer Information

**Preparer First Name** Ben & Shannon

**Preparer Last Name** Larkin

**Preparer Email** benlarkin2009@hotmail.com

*Application submitted 1/14/2025 11:14:39 AM*