

LICENSE APPLICATION

for

**PAWNBROKER
SECONDHAND JEWELRY DEALER
SECONDHAND ARTICLE DEALER
SECONDHAND ARTICLE DEALER MALL or FLEA MARKET**

CHECK ALL THAT APPLY:

| | |
|----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Original application | <input type="checkbox"/> Renewal |
| TYPE: <input type="checkbox"/> Pawnbroker | <input type="checkbox"/> Secondhand Jewelry Dealer |
| <input type="checkbox"/> Secondhand Article Dealer | <input type="checkbox"/> Mall or Flea Market |

INSTRUCTIONS:

NATURAL PERSON (INDIVIDUAL) LICENSE – Complete Sections 1, 2, 3 and 6
 PARTNERSHIP LICENSE – Complete Sections 1, 2, 3, 4 and 6
 CORPORATE LICENSE – Complete Sections 1, 2, 3, 5, and 6

(SECTION 1) APPLICANT INFORMATION

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|------|-----------------------|---------------------------------------|
| Applicant Name (Last, First, MI) | | Sex | Race | Date of Birth | Place of Birth (City, State, Country) |
| Street Address | City | State | ZIP | Home Telephone Number | |
| List all states applicant previously resided: | | | | | |
| Is applicant a: <input type="checkbox"/> Natural Person (Individual) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership | | | | | |

(SECTION 2) CONVICTION RECORD

Has the applicant, been convicted or adjudicated of any of the following within the last 10 years where the circumstances of the offense substantially relate to the circumstances of the licensed activity :

| | | |
|-------------------------------------------------|------------------------------|-----------------------------|
| a felony? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a misdemeanor? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a statutory violation punishable by forfeiture? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| a county or municipal ordinance violation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

For each "YES" response provide the date of arrest, the nature of the offense and conviction or penalty information:
 Attach additional sheets if necessary.

(SECTION 3) BUSINESS INFORMATION

| | | | | | |
|-------------------------|----------------|------|-------|-----|------------------|
| Business Name | Street Address | City | State | ZIP | Telephone Number |
| Owner's Name | Street Address | City | State | ZIP | Telephone Number |
| Business Manager's Name | Street Address | City | State | ZIP | Telephone Number |
| Building Owner's Name | Street Address | City | State | ZIP | Telephone Number |

(Over)

(SECTION 4) LIMITED LIABILITY COMPANY INFORMATION

Limited Liability Company Name: _____

List name, address, and date of birth (DOB) of all members. *Attach additional sheets if necessary.*

| Name (Last, First, MI) | DOB | Street Address | City | State | ZIP |
|------------------------|-----|----------------|------|-------|-----|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(SECTION 5) PARTNERSHIP INFORMATION

Partnership Name: _____

List name, address, and date of birth (DOB) of all partners. *Attach additional sheets if necessary.*

| Name (Last, First, MI) | DOB | Street Address | City | State | ZIP |
|------------------------|-----|----------------|------|-------|-----|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(SECTION 6) CORPORATE INFORMATION

Corporation Name: _____

State of
Incorporation: _____

List name, address, and date of birth (DOB) of all corporation officers and directors. *Attach additional sheets if necessary.*

| Name (Last, First, MI) | DOB | Street Address | City | State | Zip |
|------------------------|-----|----------------|------|-------|-----|
| | | | | | |
| | | | | | |
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(SECTION 7) PENALTY NOTICE

I understand that this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application or for any violation of Wis. Stat. §§ 134.71, 943.34, 948.62 or 948.63.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

Signature of Applicant: _____

Print Name of Applicant: _____

FOR ADMINISTRATIVE USE ONLY

| Licensing Authority | License Number Assigned | Date Effective | Clerk |
|---------------------|-------------------------|----------------|-------|
| | | | |

FEES RECEIVED: Pawnbroker Bond \$ _____ Secondhand Article License \$ _____
 Pawnbroker License \$ _____ Secondhand Dealer Mall/Flea Market License \$ _____
 Secondhand Jewelry License \$ _____ **TOTAL FEE: \$ _____**

FOR LAW ENFORCEMENT USE ONLY

Recommend Approval Recommend Denial (Attach explanation.)

Investigating Office Signature _____ Date: _____

Print Name of Investigating Officer: _____