

# LICENSE APPLICATION

for

## PAWNBROKER/SECONDHAND JEWELRY DEALER/SECONDHAND ARTICLE DEALER/SECONDHAND ARTICLE DEALER MALL/FLEA MARKET

### CHECK ALL THAT APPLY:

Original Application

Renewal

**TYPE:**

Pawnbroker  Secondhand Jewelry Dealer  Secondhand Article Dealer  Mall/Flea Market

**INSTRUCTIONS:**

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                 | Street Address |
| City                             | State | ZIP | Home Telephone Number |      | Place of Birth (City & State) |                |

### (SECTION 2) CONVICTION RECORD

Have you, or any other person listed on this application, been convicted of any of the following:

**A FELONY WITHIN THE LAST 10 YEARS?:**

YES  NO

**WITHIN THE LAST 5 YEARS OF:**

a misdemeanor?

YES  NO

a statutory violation punishable by forfeiture?

YES  NO

a county or municipal ordinance violation?

YES  NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction information:

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### (SECTION 3) BUSINESS INFORMATION

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

## (SECTION 4) PARTNERSHIP INFORMATION

Partnership Name: \_\_\_\_\_

List Name, Address, Sex / Race and Date of Birth (DOB) of All Partners:  
(attach additional sheets if necessary)

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

## (SECTION 5) CORPORATE INFORMATION

Corporation Name: \_\_\_\_\_

State of Incorporation \_\_\_\_\_

List Name, Address, Sex / Race and Date of Birth (DOB) of All Corporation Officers and Directors:  
(attach additional sheets if necessary)

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

## (SECTION 6) 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 ss. 134.71, 943.34, 948.62 or 948.63, Wis Statutes.

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: \_\_\_\_\_

### FOR ADMINISTRATIVE USE ONLY

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

FEES RECEIVED: Pawnbroker Bond \_\_\_\_\_ Pawnbroker License \_\_\_\_\_ Secondhand Jewelry License \_\_\_\_\_

Secondhand Article License \_\_\_\_\_ Secondhand Dealer Mall/Flea Market \_\_\_\_\_ **TOTAL FEE:** \_\_\_\_\_

### FOR LAW ENFORCEMENT USE ONLY

Recommend Approval

Recommend Denial (Attach Explanation)

Investigating Officer Signature \_\_\_\_\_ Date \_\_\_\_\_