

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?	<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 information:

(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

(Over)

(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
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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 _____