

LICENSE APPLICATION for

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

CHECK ALL THAT APPLY

Original Application

Renewal Application

TYPE & FEE

Pawnbroker
(\$210.00)

Secondhand Jewelry Dealer
(\$30.00)

Secondhand Article Dealer
(\$75.00)

Mall / Flea Market
(\$165.00)

INSTRUCTIONS: APPLICANT SHOULD MARK THE TYPE OF BUSINESS STRUCTURE AND COMPLETE THE SECTIONS AS INDICATED.

NOTE: COMPLETE THE SUPPLEMENTAL LIST FOR ALL MANAGERS AND EMPLOYEES WHO WILL ACT AS "PERSONS IN CHARGE."

- INDIVIDUAL/NATURAL PERSON *(Complete Sections 1, 2, 5 and 6)*
- PARTNERSHIP LICENSE *(Complete Sections 1, 2, 4, 5 and 6)*
- CORPORATE/LLC LICENSE *(Complete Sections 1, 2, 3, 5 and 6)*

(SECTION 1) APPLICANT INFORMATION

<i>Applicant Name (Last, First, Middle)</i>		<i>Sex</i>	<i>Date of Birth</i>	<i>Street Address</i>	
<i>City</i>	<i>State</i>	<i>ZIP</i>	<i>Home Telephone Number</i>	<i>Place of Birth (City & State)</i>	

List all addresses of residence for the 10-year period prior to the date of this application: (include City, State and ZIP Code for all, attach a separate sheet if necessary)

Have you or any other person listed in 13.15(2)(c) ever used/been known by an alternate name? YES NO
 If "YES," provide the name(s) used and information concerning dates and places used: _____

Have you or any other person listed in 13.15(2)(c) been previously denied or had revoked or suspended a pawnbroker, secondhand article dealer, or secondhand jewelry dealer license from any other governmental unit in the State of Wisconsin? YES NO

If "YES," provide the date, location and reason for the action: _____

(SECTION 2) BUSINESS INFORMATION

<i>Business Trade Name</i>	<i>Street Address</i>	<i>State</i>	<i>ZIP Code</i>	<i>Telephone Number</i>
	<i>Mailing Address if Different From Street Address</i>	<i>State</i>	<i>ZIP Code</i>	<i>Telephone Number</i>
<i>Owner's Name of Business Premises</i>	<i>Street Address</i>	<i>State</i>	<i>ZIP Code</i>	<i>Telephone Number</i>

(SECTION 3) CORPORATION/LLC INFORMATION

Attach a separate list of the names and addresses of all officers of a corporation or all members of a limited liability company.

Corporation/LLC Name		State of Incorporation (for Corporations)		
Name of Registered Agent	Street Address of Registered Agent	State	ZIP Code	Telephone Number

(SECTION 4) PARTNERSHIP INFORMATION

Attach a separate list containing the names and addresses of all partners.

Partnership Name		State of Partnership Registration		
Registered Agent's Name	Street Address of Registered Agent	State	ZIP Code	Telephone Number

(SECTION 5) CONVICTION RECORD

Have you, or any other person listed in 13.15(4)(a), been convicted of any of the following:

For each "YES" response, provide the nature and date of the offense and the penalty assessed:

A FELONY WITHIN THE LAST 10 YEARS? YES NO _____

WITHIN THE LAST 10 YEARS OF:

a misdemeanor? YES NO _____

a statutory violation punishable by forfeiture? YES NO _____

a county or municipal ordinance violation? YES NO _____

(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, Wisconsin 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: _____

Printed Signature: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY

Licensing Authority	License Number Assigned	Date Effective	Clerk
FEES RECEIVED: Background Check Fee	Pawnbroker License	Secondhand Jewelry License	
Secondhand Article License	Secondhand Dealer Mall/Flea Market	TOTAL FEE:	

FOR LAW ENFORCEMENT USE ONLY

Recommended Approval Recommended Denial (Attach Explanation)

Investigating Officer Signature _____ Date _____

SUPPLEMENTAL LIST

for

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

INSTRUCTIONS:

ALL MANAGERS AND EMPLOYEES ACTING AS "PERSONS IN CHARGE" COMPLETE THE SUPPLEMENTAL LIST IN ITS ENTIRETY.

PERSONAL HISTORY SEARCH FEES ARE REQUIRED. Fee: \$8 per person listed on application - ADD \$8 per each additional name (maiden, previous)

(SECTION 1) PERSONAL INFORMATION

<i>Complete Legal Name (FULL First Name, FULL Middle Name, Last Name)</i>			<i>Sex</i>
<i>Maiden and/or Previous Name(s)</i>			
<i>Current Address</i>			
<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
<i>Date of Birth</i>	<i>City and State of Birth</i>		
<i>List all States in which you previously resided</i>			
<i>Driver's License/ID Card Number</i>	<i>State of Issuance</i>		
<i>Last four digits of Social Security Number (only required of Managers and Persons in Charge to perform background checks)</i>			
Have you ever used/been known by an alternate name? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If "YES," provide the name(s) used and information concerning dates and places used: _____			

Have you been previously denied or had revoked or suspended a pawnbroker, secondhand article dealer, or secondhand jewelry dealer license from any other governmental unit in the State of Wisconsin? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If "YES," provide the date, location and reason for the action: _____			

List all addresses for the 10-year period prior to the date of this application (attach a separate sheet if necessary)

<i>Previous Address</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
<i>Previous Address</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
<i>Previous Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Previous Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Previous Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

SUPPLEMENTAL LIST (CONTINUED)

(SECTION 2) CONVICTION RECORD

Have you been convicted of any of the following:

For each "YES" response, provide the nature and date of the offense and the penalty assessed:

A FELONY WITHIN THE LAST 10 YEARS?

YES NO

WITHIN THE LAST 10 YEARS OF:

a misdemeanor?

YES NO

a statutory violation punishable by forfeiture?

YES NO

a county or municipal ordinance violation?

YES NO

(SECTION 3) 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, Wisconsin 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: _____