## LICENSE APPLICATION

for

## PAWNBROKER SECONDHAND JEWELRY DEALER SECONDHAND ARTICLE DEALER SECONDHAND ARTICLE DEALER MARKET

		CHECK ALL THAT	APPI	LY:				
	☐ Original	application		☐ Renewal				
<u>TYPE</u> :	☐ Pawnbroker☐ Secondhand Article Dealer			☐ Secondhand Jewelry Dealer ☐ Mall or Flea Market				
		INSTRUCTIO	<u>NS</u> :					
PAF	RTNERSĤIP L	IVIDUAL) LICENS ICENSE – Complet CENSE – Complet	ete Se	ctions 1	I, 2, 3, 4 and	6	6	
Applicant Name (Last, First, MI)	(SECT	TION 1) APPLICANT	l INFO Sex	RMATION Race	DN Date of Birth	Place	e of Birth (City, State,	
Applicant Name (Last, Flist, Wil)			Sex	Nace	Date of Birth	Cour		
Street Address		City		State	ZIP	Hom	e Telephone Number	
List all states applicant previously res	sided:							
Is applicant a: ☐ Natural Person (Ir	ndividual) 🛮 Cor	rporation	ability (	Company	☐ Partnershi	) )		
	/er	CTION 2) CONVICT	ION D	ECODD.				
Has the applicant, been convicted the offense substantially relate to	d or adjudicated	of any of the followi	ng <u>witl</u>	nin the l		where the	circumstances of	
a stat	demeanor? utory violation p	unishable by forfeitu			YES YES YES	□ NO □ NO □ NO		
a cou	nty or municipal	ordinance violation?	)		YES	□ NO		
For each "YES" response provide Attach additional sheets if necessary.		est, the nature of the	offens	e and c	onviction or pe	enalty infor	mation:	
	/0=0	TION O DUOINEGO	INIE					
Business Name	Street Address	TION 3) BUSINESS	City	KIVIATIO	State	ZIP	Telephone Number	

	(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		

Limited Liability Company N	Name:	14) LIMIT	ED LIABILITY CO	WFANT INFORM	ATION		
			Attack additional o				
List name, address, and da Name (Last, First, MI)	· · ·	DOB	Street Address	neets if necessary.	City	State	ZIP
Name (Last, First, IVII)	-	БОВ	Street Address		City	State	ZIF
	16	SECTION	E) DARTNERGUIR	INFORMATION			
Doute and in Name	(6	SECTION :	5) PARTNERSHIP	INFORMATION			
Partnership Name:							
List name, address, and da	te of birth (DOB) of a	all partners.	Attach additional sh	eets if necessary.			
Name (Last, First, MI)	1	DOB	Street Address		City	State	ZIP
	L						
	(	SECTION	6) CORPORATE	NFORMATION			
Corporation Name:						State of Incorporation	on:
ist name, address, and da	ate of birth (DOB) of a	all corporation	on officers and directo	ors. Attach addition		moorporati	J11.
Name (Last, First, MI)	1	DOB	Street Address		City	State	Zip
_							
		(SEC	TION 7) PENALTY	NOTICE			
I understand that this lice	ense may be denie	ed or revol	ked for fraud, misre		alse statement conta	ined in the	)
				presentation or fa	alse statement conta	ined in the	)
application or for any vic Under penalty of law, I s	plation of Wis. Stat. swear that the infor	. §§ 134.7° mation pro	1, 943.34, 948.62 o ovided in this applic	presentation or fa or 948.63. cation is true and o	correct to the best of		
application or for any vic Under penalty of law, I s	plation of Wis. Stat. swear that the infor	. §§ 134.7° mation pro	1, 943.34, 948.62 o ovided in this applic	presentation or fa or 948.63. cation is true and o	correct to the best of		
application or for any vic Under penalty of law, I s agree to inform the clerk	plation of Wis. Stat. swear that the infor within ten (10) da	. §§ 134.7° mation pro	1, 943.34, 948.62 ovided in this applic change in the inform	presentation or fa or 948.63. ation is true and on ation supplied in	correct to the best of this application.		
application or for any vice Under penalty of law, I sagree to inform the clerk Signature of Applicant: _	plation of Wis. Stat.	. §§ 134.7 mation pro	1, 943.34, 948.62 ovided in this applications in the inform	presentation or fa or 948.63. ation is true and on nation supplied in	correct to the best of this application.		
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