

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

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

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)

Email _____

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

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

(OVER)

(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
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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

Complete Legal Name (FULL First Name, FULL Middle Name, Last Name)			Sex
Maiden and/or Previous Name(s)			
Current Address			
City		State	ZIP Code
Date of Birth	City and State of Birth		
List all States in which you previously resided			
Driver's License/ID Card Number		State of Issuance	
Last four digits of Social Security Number		Email	

Have you 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 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: _____

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

Previous Address	City	State	ZIP Code
Previous Address	City	State	ZIP Code
Previous Address	City	State	Zip Code
Previous Address	City	State	Zip Code
Previous Address	City	State	Zip Code

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: _____