

Record Check Fee \$15 **each person**

Date: _____

FEIN #

Sellers Permit #

LICENSE APPLICATION

For

**PAWNBOKER
SECONDHAND JEWELRY DEALER
SECONDHAND ARTICLE DEALER
SECONDHAND ARTICLE DEALER MALL/FLEA MARKET**

CHECK ALL THAT APPLY:

☐ Original application ☐ Renewal ☐ Other (If they are licensed in
another _____ Wisconsin Municipality)

TYPE: ☐ Pawnbroker \$500.00 ☐ Secondhand Jewelry Dealer \$500.00
 ☐ Secondhand Article Dealer \$500.00 ☐ Mall/Flea Market \$1,000.00

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

(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 TEN (10) YEARS? ☐ YES ☐ NO

WITHIN THE LAST TEN (10) 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:

(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

(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 Wis. Stats. §§ 134.71, 943.34, 948.62 or 948.63.

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:

Print Name of Applicant:

FOR ADMINISTRATIVE USE ONLY

FEES RECEIVED: Record Check @ \$15 ea. person \$ _____ Secondhand Article License \$ _____
 Pawnbroker License \$ _____ Secondhand Dealer Mall/Flea Market License \$ _____
 Secondhand Jewelry License \$ _____ **TOTAL FEE: \$ _____ Rcpt #:**

☐ Fingerprints ☐ Record check

License # Issued: _____

Date License Issued: _____