

Record Check Fee \$15 <b>each person</b>
Date: _____
FEIN # _____
<b>Sellers Permit #</b> _____

# LICENSE APPLICATION

*For*

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

CHECK ALL THAT APPLY:	
<input type="checkbox"/> Original application	<input type="checkbox"/> Renewal
<b>TYPE:</b>	<input type="checkbox"/> Pawnbroker \$500.00 <input type="checkbox"/> Secondhand Jewelry Dealer \$500.00 <input type="checkbox"/> Secondhand Article Dealer \$500.00 <input type="checkbox"/> 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
<p>Have you, or any other person listed on this application, been convicted of any of the following:</p> <p><b>A FELONY WITHIN THE LAST TEN (10) YEARS?</b>                      <input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p><b>WITHIN THE LAST TEN (10) YEARS OF:</b></p> <p style="padding-left: 40px;">a misdemeanor?                      <input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">a statutory violation punishable by forfeiture?                      <input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">a county or municipal ordinance violation?                      <input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p>For each “YES” response provide the date of arrest, the nature of the offense and conviction information:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(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: \_\_\_\_\_

