

# LICENSE APPLICATION

for

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

**CHECK ALL THAT APPLY:**

Original application                       Renewal

**TYPE:**

Pawnbroker                                       Secondhand Jewelry Dealer  
 Secondhand Article Dealer                       Mall/Flea Market

**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 FIVE (5) 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:

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**(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**

Licensing Authority	License Number Assigned	Date Effective	Clerk
FEES RECEIVED:      Pawnbroker Bond    \$ _____                      Secondhand Article License    \$ _____			
Pawnbroker License    \$ _____                      Secondhand Dealer Mall/Flea Market License    \$ _____			
Secondhand Jewelry License    \$ _____ <b>TOTAL FEE: \$ _____</b>			

**FOR LAW ENFORCEMENT USE ONLY**

Recommend Approval                       Recommend Denial (Attach explanation.)

Investigating Office Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Investigating Officer: \_\_\_\_\_