



Wisconsin Department of Agriculture, Trade and Consumer Protection

Bureau of Consumer Protection

2811 Agriculture Drive, PO Box 8911, Madison WI 53708-8911

Phone: (800) 422-7128 FAX: (608) 224-4677 TDD: (608) 224-5058

Email: DATCPHotline@wi.gov Website: datcp.wi.gov**LICENSE APPLICATION for**

- **Pawnbroker**
- **Secondhand Jewelry Dealer**
- **Secondhand Article Dealer**
- **Secondhand Article Dealer Mall or Flea Market**

Wis. Stat. § 134.71

Completion of this form is mandatory; failure to fully complete this form will result in denial of the license application. Personally identifiable information may be used for purposes other than for which it is originally being collected. *Wis. Stat. § 15.04(1)(m)*.

CHECK ALL THAT APPLY:

Original application Renewal

TYPE:	<input type="checkbox"/> Pawnbroker	<input type="checkbox"/> Secondhand Jewelry Dealer	<input type="checkbox"/> Secondhand Article Dealer	<input type="checkbox"/> Mall or Flea Market
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INSTRUCTIONS:**NATURAL PERSON (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**

FIRST NAME		MI	LAST NAME	HOME TELEPHONE NUMBER () -	
SEX	RACE		DATE OF BIRTH	PLACE OF BIRTH (City, State, Country)	
ADDRESS STREET		CITY		STATE	ZIP

LIST ALL STATES APPLICANT PREVIOUSLY RESIDED:

IS APPLICANT A: Natural Person (Individual) Corporation Limited Liability Company Partnership**(SECTION 2) CONVICTION RECORD**

Has the applicant, been convicted or adjudicated of any of the following within the last 10 years where the circumstances of the offense substantially relate to the circumstances of the licensed activity:

a felony? YES NOa misdemeanor? YES NOa statutory violation punishable by forfeiture? YES NOa county or municipal ordinance violation? YES NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction or penalty information:

Attach additional sheets if necessary.

(SECTION 3) BUSINESS INFORMATION

BUSINESS NAME	ADDRESS STREET	CITY	STATE	ZIP	PHONE NUMBER () -
OWNER'S NAME	ADDRESS STREET	CITY	STATE	ZIP	PHONE NUMBER () -
BUSINESS MANGER'S NAME	ADDRESS STREET	CITY	STATE	ZIP	PHONE NUMBER () -
BUILDING OWNER'S NAME	ADDRESS STREET	CITY	STATE	ZIP	PHONE NUMBER () -

(SECTION 4) LIMITED LIABILITY COMPANY INFORMATION

Limited Liability Company Name:

List name, address, and date of birth (DOB) of all members. *Attach additional sheets if necessary.*

Name (Last, First, MI)	DOB	Street Address	City	State	Zip

(SECTION 5) PARTNERSHIP INFORMATION

Partnership Name:

List name, address, and date of birth (DOB) of all members. *Attach additional sheets if necessary.*

Name (Last, First, MI)	DOB	Street Address	City	State	Zip

(SECTION 6) CORPORATION INFORMATION

Corporation Name:

List name, address, and date of birth (DOB) of all members. *Attach additional sheets if necessary.*

Name (Last, First, MI)	DOB	Street Address	City	State	Zip

(SECTION 7) 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. Stat. §§ 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.

YOUR SIGNATURE

PRINT NAME

FOR ADMINISTRATIVE USE ONLY

LICENSING AUTHORITY		LICENSE NUMBER ASSIGNED		DATE EFFECTIVE	CLERK
FEES RECEIVED:		\$ Secondhand Article License		\$	
		\$ Secondhand Dealer Mall/Flea Market License		\$	
		\$ Secondhand Jewelry License		TOTAL FEE: \$	

FOR LAW ENFORCEMENT USE ONLY Recommend Approval Recommend Denial (Attach explanation.)

Investigating Office Signature: Date:

Print Name of Investigating Officer: