



# Wisconsin Department of Agriculture, Trade and Consumer Protection

## Bureau of Consumer Protection

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## 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:** ☐ Pawnbroker ☐ Secondhand Jewelry Dealer ☐ Secondhand Article Dealer ☐ Mall or Flea Market

### 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: <input type="checkbox"/> Natural Person (Individual) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
a misdemeanor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
a statutory violation punishable by forfeiture?	<input type="checkbox"/> YES <input type="checkbox"/> NO
a county or municipal ordinance violation?	<input type="checkbox"/> YES <input type="checkbox"/> 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.

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YOUR SIGNATURE

PRINT NAME

**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>		<b>\$</b>

**FOR LAW ENFORCEMENT USE ONLY**

<input type="checkbox"/> Recommend Approval	<input type="checkbox"/> Recommend Denial (Attach explanation.)
Investigating Office Signature:	Date:
Print Name of Investigating Officer:	