

# LICENSE APPLICATION

for

## PAWNBROKER/SECONDHAND JEWELRY DEALER/SECONDHAND ARTICLE DEALER/SECONDHAND ARTICLE DEALER MALL/FLEA MARKET

**CHECK ALL THAT APPLY:**

Original Application

Renewal

**TYPE:**

(+ \$10.00 investigation fee)  
 \$210.00      \$30.00      \$27.50      \$165.00  
 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	Street Address
City	State	ZIP	Home Telephone Number		Place of Birth (City & State)	

**(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 10 YEARS?:**       YES       NO

**WITHIN THE LAST 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	State	ZIP Code	Telephone Number
Owner's Name	Street Address	State	ZIP Code	Telephone Number
Business Manager's Name	Street Address	State	ZIP Code	Telephone Number
Building Owner's Name	Street Address	State	ZIP Code	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 ss. 134.71, 943.34, 948.62 or 948.63, Wis Statutes.

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: \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY**

Licensing Authority	License Number Assigned	Date Effective	Clerk
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FEES RECEIVED: Pawnbroker Bond \_\_\_\_\_ Pawnbroker License \_\_\_\_\_ Secondhand Jewelry License \_\_\_\_\_  
Secondhand Article License \_\_\_\_\_ Secondhand Dealer Mall/Flea Market \_\_\_\_\_ **TOTAL FEE:** \_\_\_\_\_

**FOR LAW ENFORCEMENT USE ONLY**

Recommend Approval                       Recommend Denial (Attach Explanation)

Investigating Officer Signature \_\_\_\_\_ Date \_\_\_\_\_