

# LICENSE APPLICATION

for

**PAWNBROKER  
SECONDHAND JEWELRY DEALER  
SECONDHAND ARTICLE DEALER  
SECONDHAND ARTICLE DEALER MALL or FLEA MARKET**

**CHECK ALL THAT APPLY:**

<input type="checkbox"/> Original application		<input type="checkbox"/> Renewal	
<b>TYPE:</b>	<input type="checkbox"/> Pawnbroker	<input type="checkbox"/> Secondhand Jewelry Dealer	
	<input type="checkbox"/> Secondhand Article Dealer	<input type="checkbox"/> 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**

Applicant Name (Last, First, MI)		Sex	Race	Date of Birth	Place of Birth (City, State, Country)
Street Address	City	State	ZIP	Home Telephone Number	
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.*

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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) 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 partners. *Attach additional sheets if necessary.*

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

**(SECTION 6) CORPORATE INFORMATION**

Corporation Name: \_\_\_\_\_

State of  
Incorporation: \_\_\_\_\_

List name, address, and date of birth (DOB) of all corporation officers and directors. *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.

Signature of Applicant: \_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY**

Licensing Authority	License Number Assigned	Date Effective	Clerk
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FEES RECEIVED:      Pawnbroker Bond    \$ \_\_\_\_\_      Secondhand Article License \$ \_\_\_\_\_  
                                 Pawnbroker 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: \_\_\_\_\_