

LICENSE APPLICATION

for

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

<input type="checkbox"/> Original Application	Type	CHECK ALL THAT APPLY
<input type="checkbox"/> Renewal	<input type="checkbox"/> Pawnbroker - \$210	<input type="checkbox"/> Secondhand Article Dealer - \$27.50 & \$200 Surety Bond
	<input type="checkbox"/> Secondhand Jewelry Dealer - \$30	<input type="checkbox"/> Mall/Flea Market - \$165

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:

Street Address: City: State: Zip:

Home Phone: Date of Birth: 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:

(SECTION 3) BUSINESS INFORMATION

Business Name:	<input type="text"/>	Street Address:	<input type="text"/>	State, Zip:	<input type="text"/>	Home Phone:	<input type="text"/>
Owner's Name:	<input type="text"/>	Street Address:	<input type="text"/>	State, Zip:	<input type="text"/>	Home Phone:	<input type="text"/>
Business Mgrn:	<input type="text"/>	Street Address:	<input type="text"/>	State, Zip:	<input type="text"/>	Home Phone:	<input type="text"/>
Building Owner:	<input type="text"/>	Street Address:	<input type="text"/>	State, Zip:	<input type="text"/>	Home Phone:	<input type="text"/>

(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: Sex: Date of Birth: Street Address:

City: State/Zip:

Name: Sex: Date of Birth: Street Address:
 City: State/Zip:

Name: Sex: Date of Birth: Street Address:
 City: State/Zip:

(SECTION 5) PARTNERSHIP 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: Sex: Date of Birth: Street Address:
 City: State/Zip:

Name: Sex: Date of Birth: Street Address:
 City: State/Zip:

Name: Sex: Date of Birth: Street Address:
 City: State/Zip:

Name: Sex: Date of Birth: 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 for any violation of § 134.71, 943.34, 948.62, 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: _____

POLICE DEPARTMENT REPORT:

The above applicant has been investigated as to character, morality and prior police record. Based on my findings, I recommend that license (be granted) (not be granted) to said applicant. Our records indicate the above applicant (has)(does not have) a police record that affects this license.

(Chief of Police)

LICENSING COMMITTEE RECOMMENDATION:

The licensing committee of the City of Marshfield Common Council, hereby recommends that a license (be issued) (not be issued) to the applicant named hereon.

(Chairperson)