



LICENSE APPLICATION

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

FEES ARE NON-REFUNDABLE		Date Recv'd
<input type="checkbox"/> Pawnbroker	\$210.00	___/___/___
<input type="checkbox"/> Secondhand Article	\$90.00 /\$75.00	Acct. CLLPWN
<input type="checkbox"/> Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Mall/Flea	\$165.00	Acct. CLLSMF
<input type="checkbox"/> Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ _____		Receipt # _____

<input type="checkbox"/> Original Application	Acct Code: CLLSJW
<input type="checkbox"/> Renewal	Acct Code: CLLSJR

Please allow 4 weeks for processing

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

Return application and required fees to:
OFFICE OF THE CITY CLERK, 100 N. APPLETON STREET
APPLETON, WI 54911

SECTION 1 – APPLICANT INFORMATION					
Applicant Name (Last, First, MI)		Sex	Race	Date of Birth	Place of Birth (City & State)
Street Address	City	State	Zip	Home Telephone Number	
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 ten (10) years? <input type="checkbox"/> YES <input type="checkbox"/> NO Within the last ten (10) years of: 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 information: _____					

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

SECTION 4 – PARTNERSHIP INFORMATION

Partnership Name:

List name, address, sex, race and date of birth 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 Incorp.** _____

List name, address, sex, race and date of birth of all partners. 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 statements contained in the application or for any violation of Wis. Stats. §§ 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: _____ **Date** ____/____/____

FOR OFFICE USE ONLY

Dept	Approve	Deny	By	Reason
POLICE				
FIRE				
COM DEVELOPMENT				
CITY SEALER				

Safety and Licensing ____/____/____	Common Council ____/____/____	Date Issued ____/____/____	Expiration Date ____/____/____	License Number
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