

LICENSE APPLICATION

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

LICENSE VALID FROM DATE OF ISSUANCE TO DECEMBER 31ST OF THE CURRENT YEAR

CHECK ALL THAT APPLY:

<input type="checkbox"/> Original application		<input type="checkbox"/> Renewal	
TYPE:	<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	
E-Mail Address:					
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	Street Address	City	State	ZIP	Telephone Number
Owner's Name	Street Address	City	State	ZIP	Telephone Number
Owner's E-Mail Address:					
Business Manager's Name	Street Address	City	State	ZIP	Telephone Number
Business Manager's E-Mail Address:					
Building Owner's Name	Street Address	City	State	ZIP	Telephone Number
Building Owner's E-Mail Address:					

(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 VILLAGE OF GERMANTOWN	Date Approved by Village Board	License Number Assigned	Date Effective	Clerk / Deputy Clerk
FEES RECEIVED: Pawnbroker Bond \$ <u>500.00</u>		Secondhand Article License \$ <u>27.50</u>		
Pawnbroker License \$ <u>210.00</u>		Secondhand Dealer Mall/Flea Market License \$ <u>165.00</u>		
Secondhand Jewelry License \$ <u>30.00</u>		TOTAL FEE: \$ _____		

FOR LAW ENFORCEMENT USE ONLY

Recommend Approval to Village Board Recommend Denial to Village Board (Attach explanation.)

Officer or the Investigating Officers Signature: _____ Date: _____

Print Name of Officer or the Investigating Officers: _____