

## **Secondhand Dealer/Pawnbroker Application**

Check all that apply:											
☐ Secondhand Article Dealer ☐ Secondhand Jewelry Dealer ☐ Secondhand Mall/Flea Market ☐ Precious Metals Dealer ☐ Pawnbroker—required to submit bond of \$500 with not less than two sureties ☐ Secondhand Dealer Registration – license held in, WI											
License Applicant											
Name of Corporation, LLC,		Doing Business As									
Street Address of Business				State Seller's Permit Number							
Mailing Address				City			te	Zip Code			
Local Contact Person	Phone	Number	Cont	act Email	ail N		f Regis	gistered Agent			
Describe the type of business and articles of merchandise to be handled on the premises:											
List all Owner(s), Man	agers, Office	ers, Directors	, Mei	nbers, an	d/or Partners						
First Name	Middle Initial	Last Name			Title	Sex	Race	Date of Birth			
Street Address	dress			City			Zip Code				
Convicted of a felony within Within the last 5 years, conving the Misdemean of No Statutory violation punishs County or municipal ordinal converse of the County of Statutory violation punishs and the County of Statutory violation punishs are supplied to the County of Statutory violation punish are supplied to the County of Statutory violation punishs are supplied to the County of Statutory violation punish are supplied	of	For each "yes" response, provide year of arrest, nature of offense, and conviction information.									
First Name	Middle Initial	Last Name			Title	Sex	Race	Date of Birth			
Street Address				City State Zip Code							
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First Name	Middle Initial	Last Name			Title	Sex	Race	Date of Birth			
Street Address			Cit	City			Zip Code				
Convicted of a felony within last 10 years ☐ No ☐ Yes Within the last 5 years, convicted of any of the following: Misdemeanor ☐ No ☐ Yes Statutory violation punishable by forfeiture ☐ No ☐ Yes County or municipal ordinance violation ☐ No ☐ Yes			of	For each "yes" response, provide year of arrest, nature of offense, and conviction information.							
First Name	Middle Initial	Last Name	·		Title	Sex	Race	Date of Birth			
Street Address			City		State			Zip Code			
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Over – Two Sided Form

First Name	Middle Initial	Last Name	ast Name		Sex	Race	Date of Birth			
Street Address			City		State	Zip Co	ode			
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Street Address			City State Zip Code							
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Penalty Notice										
I understand that this license may be denied to revoked for fraud, misrepresentation or false statement contained in the application or for any violation of State Statutes 134.71, 943.34, 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 _				I	Date					
501 Secondhand Article Dealer License #					Licen		oker d w/ 2 sureties			