



LICENSE APPLICATION

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

FEES ARE NON-REFUNDABLE

Date Recv'd 7/27/22

<input type="checkbox"/> Pawnbroker	\$217.00	Acct. CLLPWN
<input checked="" type="checkbox"/> Secondhand Article	\$97.00 /\$82.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Jewelry	\$97.00 /\$82.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Mall/Flea	\$172.00	Acct. CLLSMF

Receipt # 3872-4

<input checked="" 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)
Day, Michael J		M	White	●●●●●	Appleton, WI
Street Address	City	State	Zip	Home Telephone Number	
1115 N Oneida St.	Appleton	WI	54911	●●●●●●●●	

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? ☐ YES ☒ NO

Within the last ten (10) 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	Street Address	City	State	Zip	Telephone Number
Left Behind LLC	205 W Wisconsin Ave.	Appleton	WI	54911	920.202.3202
Owner's Name	Street Address	City	State	Zip	Telephone Number
Michael Day	1115 N Oneida St.	Appleton	WI	54911	●●●●●●●●
Business Manager's name	Street Address	City	State	Zip	Telephone Number
Jamie Gurrath	601 5th St.	Menasha	WI	54952	●●●●●●●●
Building Owner's Name	Street Address	City	State	Zip	Telephone Number
Day Property Management LLC	509 N Superior St.	Appleton	WI	54911	●●●●●●●●

(OVER)

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: Michael Day Date 07 / 19 / 2022**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
<u>8 / 10 / 22</u>	<u>8 / 17 / 22</u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	