



LICENSE APPLICATION

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

FEES ARE NON-REFUNDABLE			Date Recv'd <u>2/27/21</u>
<input type="checkbox"/> Pawnbroker	\$217.00	Acct. CLLPWN	
<input 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 checked="" type="checkbox"/> Secondhand Mall/Flea	\$172.00	Acct. CLLSMF	
Receipt #			<u>1802-0009</u>

<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) <u>Keller, Meghan, M</u>		Sex <u>F</u>	Race <u>Wht</u>	Date of Birth <u>●●●</u>	Place of Birth (City & State) <u>Neenah, WI</u>
Street Address <u>7651 Jacquis Rd.</u>	City <u>Winneconne</u>	State <u>WI</u>	Zip <u>54986</u>	Home Telephone Number <u>●●●●●●</u>	

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 <u>Ye Old Goat</u>	Street Address <u>1919 E Calumet</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>	Telephone Number <u>(920) 243-4014</u>
Owner's Name <u>Same as above</u>	Street Address	City	State	Zip	Telephone Number
Business Manager's name <u>Same as above</u>	Street Address	City	State	Zip	Telephone Number
Building Owner's Name <u>Rollie Winter w Associates</u>	Street Address <u>3315 N. Ballard Rd.</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>	Telephone Number <u>(920) 739-0101</u>

(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: Ye Old Goat State of Incorp. LLC

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
Keller, Meghan, M	F	Wht		7651 Jacques Rd	Whirecome	WI	54986

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: Meghan M Keller Date 2/17/21

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
___/___/___	___/___/___	___/___/___	___/___/___	