

## LICENSE APPLICATION

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

FEES ARE NON-REFUN	DABLE Date	Recv'd 12/31/19
Pawnbroker	\$210.00	Acct. CLLPWN
Secondhand Article	\$90.00 /\$75.00	orig/rnw (see below)
Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)
Secondhand Mall/Flea	\$165.00	Acct. CLLSMF
Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ 82 -	Receipt #	223-0003

\*Please allow 4 weeks for processing\*

Renewal Acct Code: CLLSJR

Original Application

Instructions:	Individual license – Complete Sections 1, 2, 3 and 6	
	Dartnership licenses Complete Costions 1 2 2 4 and	ı

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

Acct Code: CLLSJW

SECTION 1 – APPLICANT INFOR	RMATION		1	***************************************				
Applicant Name ( Last, First, MI)		Sex R	ace II	Date of Birt	th _	Place	of Birth (City & State)	
Boyce, Jami	J.	M   V	uits			展		
Street Address	City	St	ate	Zip		Home	Telephone Number	
ATH. POSPICT	Applita	$\sim$ $^{\prime}$	MI	549	11			
SECTION 2 - CONVICTION REC	ORD "					,		
Within the last ten	last ten (10) years?	YES 💢 NO	f the following					
A statu	itory violation punishable b	_	YES DO N					ĺ
	ty or municipal ordinance v	·	YES 🙀 N					
For each "YES" response provide t	the date of arrest, the na	iture of the of	fense and co	nviction info	ormatio	n:		
					······································			
SECTION 3 – BUSINESS INFORM	MATION							
Rusiness Name	Street Address		City	T :	State	Zip	Telephone Number	
J Boyce Inc.	934 W. NO	nul/Hr	lagy	ston!		バカトグ	1 920:130	
Owner's Name	Street Address	*\\\	City	. :	State	Zip	Telephone Number	ĺ
Jamis Boyce	934 M. Mort	h/andxu	Apple"	ton 1	41	54914	920-730-96	33
Business Manager's name	Street Address		City		State	Zip	Telephone Number	į
		•						
Building Owner's Name	Street Address		City	1:	State	Zip	Telephone Number	

	ne:								
ist name, address, s	ex, race and da	ate of birti	n of all pa	artners. /	Attach additional sheets, if n	ecessary			
Name (Last, First, Mi		Sex	Race	DOB	Street Address	City	s	tate	Zip
			`		·			***************************************	
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ECTION 5 – COR	RPORATE INI	 FORMAT	TION						
orporation Nam	ne:						State of	Incor	o.
ist name, address, s	ex, race and da	ate of birtl	n of all pa	artners. /	Attach additional sheets, if n	ecessary			
lame (Last, First, MI	)	Sex	Race	DOB	Street Address	City	s	tate	Zip
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SECTION 6 – PEN	ALIY NOTIC								
			r revoke	d for frau	d, misrepresentation or false	statements containe	d in the applicat	ion or fo	rany
understand that this	s license may be	e denied o			d, misrepresentation or false	statements containe	d in the applicat	ion or fo	rany
understand that this violation of Wis. Stats Jnder penalty of law,	s license may be s. §§ 134.71, 94 , I swear that th	e denied o 13.34, 948 ne informa	.62 or 94 ation pro	8.63. vided in tl	his application is true and cor				
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