



LICENSE APPLICATION

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

FEES ARE NON-REFUNDABLE

Date Rec'd 3/10/23

<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 # 4739-13

<input type="checkbox"/> Original Application	Acct Code: CLLSJW
<input checked="" 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)
Keller, Meghan, M	F	W	●●-●●	Oshkosh, WI
Street Address	City	State	Zip	Home Telephone Number
1919 E Calumet	Appleton	WI	54915	●●●-●●●-

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
Ye Old Goat	1919 E Calumet	Appleton	WI	54915	920-243-4014
Owner's Name	Street Address	City	State	Zip	Telephone Number
Meghan Keller	8355 Mud Creek Rd	Larsen	WI	54941	●●●-●●●-
Business Manager's name	Street Address	City	State	Zip	Telephone Number
Building Owner's Name	Street Address	City	State	Zip	Telephone Number

(OVER)

SECTION 4 – PARTNERSHIP INFORMATION

Partnership Name:

Ye Old Goat 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

SECTION 5 – CORPORATE INFORMATION

Corporation Name:

Ye Old Goat LLC

State of Incorp.

WI

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	W	●●	8355 mud creek Rd	Larson	WI	54947

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:

M Keller

Date

3/7/23**FOR OFFICE USE ONLY**

Dept	Approve	Deny	By	Reason
POLICE				
FIRE				
COM DEVELOPMENT				
CITY SEALER				

Safety and Licensing

03/22/23

Common Council

04/05/23

Date Issued

 / /

Expiration Date

 / /

License Number