



LICENSE APPLICATION

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

FEES ARE NON-REFUNDABLE		Date Recv'd <u>5/19/21</u>
<input type="checkbox"/>	Pawnbroker	\$210.00 Acct. 11030.4316
<input checked="" type="checkbox"/>	Secondhand Article	\$90.00 /\$75.00 Acct. 11030.4316
<input type="checkbox"/>	Secondhand Jewelry	\$90.00 /\$75.00 Acct. 11030.4316
<input type="checkbox"/>	Secondhand Mall/Flea	\$165.00 Acct. 11030.4316
<input type="checkbox"/>	Investigation fee	\$ 7.00 Acct. 100.2359
Total fee paid \$ <u>97</u>		Receipt # _____

<input checked="" type="radio"/>	Original Application
<input type="radio"/>	Renewal

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) Gustman, Lena-Sara M.		Sex F	Race W	Date of Birth ●●●●	Place of Birth (City & State) Neenah, WI
Street Address 745 W. College Ave.	City Appleton	State WI	Zip 54914	Home Telephone Number ●●●●●●	

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 The Statement Piece LL	Street Address 745 W. College Ave	City Appleton	State WI	Zip 54914	Telephone Number
Owner's Name Lena-Sara M. Gustman	Street Address W6695 Greenville Dr	City Greenville	State WI	Zip 54914	Telephone Number ●●●●●●
Business Manager's name	Street Address	City	State	Zip	Telephone Number
Building Owner's Name Sami Khatib	Street Address	City	State	Zip	Telephone Number ●●●●●●

SECTION 4 – PARTNERSHIP INFORMATION

Partnership Name:

N/A

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:  Date 5 / 7 / 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
<u>05 / 12 / 2021</u>	<u>05 / 19 / 2021</u>	<u> / / </u>	<u> / / </u>	

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.