



# LICENSE APPLICATION

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

<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd <u>10/17/19</u>
<input type="checkbox"/> Pawnbroker	\$210.00	Acct. <b>CLLPWN</b>
<input checked="" type="checkbox"/> Secondhand Article	\$90.00 /\$75.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Jewelry	\$90.00 /\$75.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Mall/Flea	\$165.00	Acct. <b>CLLSMF</b>
<input checked="" type="checkbox"/> Investigation fee	\$ 7.00	Acct. <b>CLCPIF</b>
Total fee paid \$ <u>82</u>		Receipt # <u>15034</u>

<input type="checkbox"/> Original Application	Acct Code: <b>CLLSJW</b>
<input checked="" type="checkbox"/> Renewal	Acct Code: <b>CLLSJR</b>

\*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>Lemery Jeff S</u>		Sex <u>M</u>	Race <u>C</u>	Date of Birth <u>[REDACTED]</u>	Place of Birth (City & State) <u>Marion MI</u>
Street Address <u>315 Dvorak</u>	City <u>Dunmore</u>	State <u>WI</u>	Zip <u>54208</u>	Home Telephone Number <u>[REDACTED]</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

<u>Warehouse Office Products</u>					
Business Name <u>warehouse office products</u>	Street Address <u>1825 N Richwood</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number <u>[REDACTED]</u>
Owner's Name <u>Jeff Lemery</u>	Street Address <u>315 Dvorak</u>	City <u>Dunmore</u>	State <u>WI</u>	Zip <u>54208</u>	Telephone Number <u>[REDACTED]</u>
Business Manager's name <u>Same</u>	Street Address	City	State	Zip	Telephone Number
Building Owner's Name <u>Same</u>	Street Address	City	State	Zip	Telephone Number

(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.

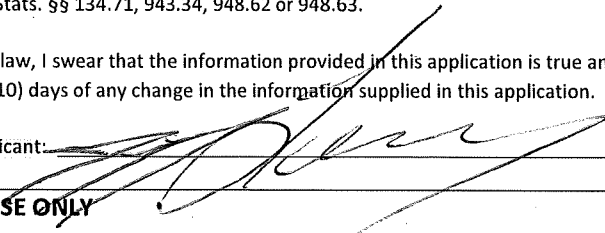
List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

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:  Date: 10/11/19

**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>11/13/19</u>				