



LICENSE APPLICATION

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

FEES ARE NON-REFUNDABLE Date Recv'd 12/22/19

<input type="checkbox"/> Pawnbroker	\$210.00	Acct. CLLPWN
<input checked="" type="checkbox"/> Secondhand Article	\$90.00 <u>\$75.00</u>	orig/rnw (see below)
<input type="checkbox"/> Secondhand Jewelry	\$90.00 / \$75.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Mall/Flea	<u>\$165.00</u>	Acct. CLLSMF
<input checked="" type="checkbox"/> Investigation fee	<u>\$7.00</u>	Acct. CLCPIF
Total fee paid \$ <u>822</u>		Receipt # <u>203-0005</u>

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

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)
BOYLAN JAMES A		M	W	●●●/●●●	●●●●●●●●
Street Address	City	State	Zip	Home Telephone Number	
415 N ONEIDA ST	APPLETON	WI	54911	●●●●●●●●	

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
THE ATTIQUE RESALE	415 N ONEIDA ST	APPLETON	WI	54911	920-734-5000
Owner's Name	Street Address	City	State	Zip	Telephone Number
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:

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: James Decker Date 12/22/19

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>1/15/20</u>	<u>1/22/20</u>	<u> / / </u>	<u> / / </u>	