



LICENSE APPLICATION

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

FEES ARE NON-REFUNDABLE		Date Recv'd <u>12/2/19</u>
<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	\$165.00	Acct. CLLSMF
<input checked="" type="checkbox"/> Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ <u>80</u>		Receipt # <u>60-0006</u>

<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) <u>Austin, Monika L</u>		Sex <u>F</u>	Race <u>WH</u>	Date of Birth <u>[REDACTED]</u>	Place of Birth (City & State) <u>CSUWASH, WI</u>
Street Address <u>1701 S PEARSON</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</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

Business Name <u>BEATRICK BEATRICK RES</u>	Street Address <u>214 E College</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number <u>882-4148</u>
Owner's Name <u>MONIKA AUSTIN</u>	Street Address <u>1701 S PEARSON</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</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>NOOR BAHIA</u>	Street Address <u>19052 Spring Valley</u>	City <u>menasha</u>	State <u>WI</u>	Zip <u>54952</u>	Telephone Number <u>[REDACTED]</u>

(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.** _____

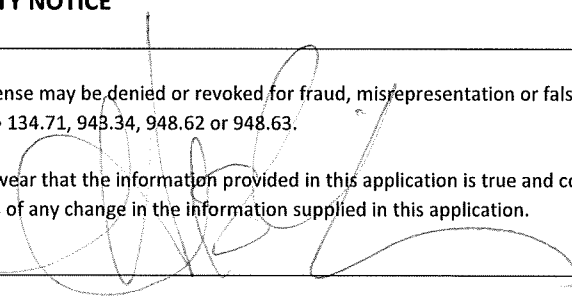
List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

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: 11/23/2019

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
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