



1/27/19

# LICENSE APPLICATION

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

FEES ARE NON-REFUNDABLE		Date Recv'd
<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 checked="" type="checkbox"/> Investigation fee	\$7.00	Acct. 100.2359
Total fee paid \$ <u>82</u>		Receipt # <u>51-0503</u>

Original Application  
 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) <u>Stepniewski, Megan, L</u>	Sex <u>F</u>	Race <u>Caucasian</u>	Date of Birth <u>●●/●●/●●</u>	Place of Birth (City & State) <u>West Allis, WI</u>
Street Address <u>247 S. Westhaven Dr. Apt K203</u>	City <u>Oshkosh</u>	State <u>WI</u>	Zip <u>54904</u>	Home Telephone Number <u>●●●●-●●●●</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	Street Address	City	State	Zip	Telephone Number
<u>KAY JEWELERS #4739</u>	<u>3845 E. CALUMET ST.</u>	<u>APPLETON</u>	<u>WI</u>	<u>54915</u>	
Owner's Name	Street Address	City	State	Zip	Telephone Number
<u>STERLING INC.</u>	<u>375 GLENT RD</u>	<u>AKRON</u>	<u>OH</u>	<u>44333</u>	<u>(330) 665-6564</u>
Business Manager's name	Street Address	City	State	Zip	Telephone Number
<u>Megan Stepniewski</u>	<u>3845 E. Calumet St Suite B.</u>	<u>Appleton</u>	<u>WI</u>	<u>54915</u>	<u>●●●●-●●●●</u>
Building Owner's Name	Street Address	City	State	Zip	Telephone Number
<u>HORIZON PLAZA PAUL KOISTER</u>	<u>3500 EAST DESTINATION DR. #200</u>	<u>APPLETON</u>	<u>WI</u>	<u>54915</u>	<u>(●●) ●●-●●●●</u>

**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
SEE ATTACHED ①							

**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: Megan Stepniowski Date 11/27/19

**FOR OFFICE USE ONLY**

Dept	Approve	Ony	By	Reason
POLICE				
FIRE				
COM DEVELOPMENT				
CITY SEALER				

Safety and Licensing	Common Council	Date Issued	Expiration Date	License Number

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

**STERLING INC.  
SCHEDULE OF OFFICERS**

**DIRECTORS**

<u>NAME</u>	<u>BUSINESS ADDRESS</u>	<u>RESIDENCE ADDRESS</u>	<u>DATE OF BIRTH</u>	<u>SEX RACE</u>	<u>EXPIRATION OF TERM</u>	<u>PHONE NUMBER</u>
J. LYNN DENNISON	375 GHENT RD. AKRON, OH 44333	333 N. PORTAGE PATH #33 AKRON, OH 44303	●●●●	F W	WHEN SUCCESSOR IS APPOINTED	●●●●●●
VINCENT CICCOLINI	375 GHENT RD. AKRON, OH 44333	2731 LAST VALLEY LN HUDSON OH 44236	●●●●	M W	WHEN SUCCESSOR IS APPOINTED	●●●●●●
STASH PTAK	375 GHENT RD. AKRON, OH 44333	3222 DOWLING DRIVE FAIRLAWN, OH 44333	●●●●	M W	WHEN SUCCESSOR IS APPOINTED	●●●●●●

**OFFICERS**

<u>NAME</u>	<u>BUSINESS ADDRESS</u>	<u>RESIDENCE ADDRESS</u>	<u>DATE OF BIRTH</u>	<u>SEX RACE</u>	<u>EXPIRATION OF TERM</u>	<u>PHONE NUMBER</u>
J. LYNN DENNISON PRESIDENT	375 GHENT RD. AKRON, OH 44333	333 N. PORTAGE PATH #33 AKRON, OH 44303	●●●●	F W	WHEN SUCCESSOR IS APPOINTED	●●●●●●
VINCENT CICCOLINI TREASURER	375 GHENT RD. AKRON, OH 44333	2731 LAST VALLEY LN HUDSON OH 44236	●●●●	M W	WHEN SUCCESSOR IS APPOINTED	●●●●●●
STASH PTAK SECRETARY	375 GHENT RD. AKRON, OH 44333	3222 DOWLING DRIVE FAIRLAWN, OH 44333	●●●●	M W	WHEN SUCCESSOR IS APPOINTED	●●●●●●

\* Sterling Inc. demands that the personal identification information required for the Application not be publicly disclosed, except as required under the Freedom of Information Act and/or similar statutes. Please redact the personal identification information from being pre-printed on our renewals or other documentation to avoid unauthorized persons from gaining access.