

FEES ARE NON-REFUNDABLE		Date Recv'd <u>2/19/19</u>
<input type="checkbox"/> Pawnbroker	\$210.00	Acct. CLLPWN
<input type="checkbox"/> Secondhand Article	\$90.00 /\$75.00	orig/rnw (see below)
<input checked="" 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>82</u>		Receipt # <u>4795</u>

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

LICENSE APPLICATION

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

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>Kester Randy L</u>	Sex <u>m</u>	Race <u>C</u>	Date of Birth	Place of Birth (City & State)
Street Address 3418 N. Juanita Ln <u>636 W. Collose Ave</u> <u>3418 N. Juanita Ln</u>	State <u>WI</u>	Zip <u>54911</u>	Home Telephone Number	

SECTION 2 – CONVICTION RECORD

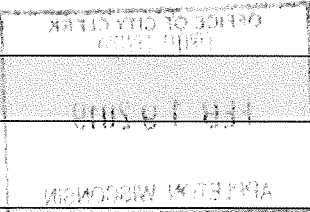
Have you, or any other person listed on this application, been convicted of any of the following:

- 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 <u>Expert Jewelry Repair</u>	Street Address <u>636 W. Collose Ave</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number <u>920-731-2320</u>
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



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: *[Signature]* Date 02/19/2019

FOR OFFICE USE ONLY

Dept	Approve	Deny	By	Reason
POLICE				
FIRE	0-19		Patterson	
COM DEVELOPMENT				
CITY SEALER				

Safety and Licensing	Common Council	Date Issued	Expiration Date	License Number
<u>02/27/19</u>	<u>3/6/19</u>	<u> / / </u>	<u> / / </u>	