Application for Secondhand Article Dealer License



Applies to: Secondhand Mall/Flea Market, Pawnbroker, Secondhand Article Dealer, Secondhand Jewelry Dealer

<u>License Period Is One</u> <u>Calender Year*</u>

*Except Secondhand Mall/Flea Market Licenses

NOTE: Please allow approx. 4 weeks for application processing

<u>Individual license</u> – Complete Sections 1, 2, 3 and 5 <u>Corporate/Partnership/LLC license</u> – Complete Sections 1 - 5

FEES ARE NON-REFUNDABLE Pawnbroker - \$217.00 Secondhand Mall/Flea - \$172.00 Secondhand Article/Jewelry: Original - \$107.00 Renewal - \$82.00

Corporate/Partnership/LLC license	- Complete Sections 1 - 5							
SECTION 1 - APPLICANT INFORM	ATION ,							
Applicant Name (First, MI, Last) P. Hej & Home Address 40 W. RIVER Pd. City Npp.					Date of Birth			
Home Address 40 W. K	Huer Rd.		City Npp.		State	, Zip	ce9915	
Applicant Drivers License/State ID Number					DI /ID State of	Issuance	~	
Phone Number (Requirea)	!	Email Add	dress					
Has the applicant ever resided outside of	of Wisconsin? If so, please I	list previous	state(s) of residence.					
SECTION 2 – BUSINESS INFORMA	TION							
Individual/Business	Street Address		City	State	Zip Code	Phone	Number	
Business Name Hera MUSIC	308 E. colleg	e AUL.	Appleton	WI	54911			
Owner's Name	308 E. Colleg 540 W. R. W.	Rd.	popleton	WZ.	54915	1		
Business Manager's Name SUANNON WAYENWOYN			The second				-	
Building Owner's Name	Same							
SECTION 3 - CONVICTION RECOR	D							
A felony within the last ten (10) years?								
SECTION 4 – PARTNERSHIP/CORP	ORATION/LIMITED LIA	ABILITY CO	MPANY INFORMAT	TION				
Check the box that applies to your business: Partnership Corporation				on [Limited Liability Company (LLC)			
Partnership/Corporation/LLC name:				<u> </u>	State of Incorp. (if applicable)			
List information for all additional partne	rs/members. Attach addition	onal sheets, i	f necessary					
Name (First, MI Last)	Date of Birth	Home Add	dress W.R.iUW Rdv	City Apples	von	State	Zip Code 5 1915	
Driyers License/State ID Number				' ' DL/	ID State of Issua	nce	,	
Name (First, MI, Last)	Date of Birth	Home Add	dress	City		State	Zip Code	
Drivers License/State ID Number				DL/	DL/ID State of Issuance			
Name (First, MI, Last)	Date of Birth Home Address			City		State	Zip Code	
Drivers License/State ID Number				DL/	DL/ID State of Issuance			