



LICENSE APPLICATION

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

FEES ARE NON-REFUNDABLE

Date Rec'd 9/19/22

<input type="checkbox"/> Pawnbroker	\$217.00	Acct. CLLPWN
<input checked="" type="checkbox"/> Secondhand Article	\$97.00 / \$82.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Jewelry	\$97.00 / \$82.00	orig/rnw (see below)
<input type="checkbox"/> Secondhand Mall/Flea	\$172.00	Acct. CLLSMF

Receipt # 4048-1

<input checked="" type="checkbox"/> Original Application	Acct Code: CLLSJW
<input 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>Farley, Dean, J</u>		Sex <u>M</u>	Race <u>NA</u>	Date of Birth <u>●●●●</u>	Place of Birth (City & State) <u>Sheboygan, WI</u>
Street Address <u>609 W college ave apt 6</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</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 <u>Check point gaming</u>	Street Address <u>609 a w college ave.</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number <u>●●●●●●</u>
Owner's Name <u>Dean Farley</u>	Street Address <u>609 w college ave apt 6</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number <u>●●●●●●</u>
Business Manager's name <u>Megan Kosok</u>	Street Address <u>512 appleton rd.</u>	City <u>Menasha</u>	State <u>WI</u>	Zip <u>54952</u>	Telephone Number <u>●●●●●●</u>
Building Owner's Name <u>Steve Demcak</u>	Street Address <u>517 N West Hill Blvd</u>	City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Telephone Number <u>●●●●●●</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
Kosowski, Megan, M	F	W	●●	8712 Appleton Rd	Menasha	WI	54952
Perley, Dean, J	M	NA	●●	609 W College Ave Apt 6	Appleton	WI	54911

SECTION 5 – CORPORATE INFORMATION**Corporation Name:****State of Incorp.**

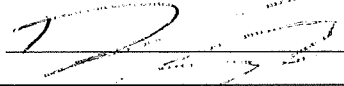
List name, address, sex, race and date of birth of all partners. Attach additional sheets, if necessary

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 9/19/22**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>9/28/22</u>	<u>10/5/22</u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	