

## LICENSE APPLICATION

FOR PAWNBROKER
SECONDHAND ARTICLE DEALER
SECONDHAND ARTICLE DEALER

SECONDHAND JEWELRY DEALER
SECONDHAND ARTICLE DEALER MALL/FLEA MARKET

FEES ARE NON-REFUN	<b>DABLE</b> Date R	ecv'd 10/23/17				
Pawnbroker	\$210.00	Acct. 11030.4316				
Secondhand Article	\$90.00 /\$75.00	Acct. 11030.4316				
Secondhand Jewelry	\$90.00 /\$75.00	Acct. 11030.4316				
Secondhand Mall/Flea	\$165.00	Acct. 11030.4316				
Investigation fee	\$ 7.00	Acct. 100.2359				
Total fee paid \$_\(\begin{align*} \frac{\lambda}{\rangle} \end{align*} \cdot \frac{\lambda}{\rangle} \end{align*}	2 Receipt # $47$	50300				
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 INFO	RMATION							
Applicant Name (Last, First, MI) Rice Henke, M	lilada C	Sex F	Race WH	Date of 1	3irth 197	_ 1	of Birth (City & State)  adison, WI	
Street Address W3532 Center Valley Rd	Freedom		State W	54913			Home Telephone Number 920-749-8838	
SECTION 2 – CONVICTION REC	ORD							
A state	iemeanor? utory violation punishable nty or municipal ordinance the date of arrest, the	e violation?	YES 🗹	NO NO	nformati	on:		
Business Name	Street Address		City		State	Zip	Telephone Number	
Studio 247 Fine Jewelry	3545 E Calur	net St	App	leton	WI	54915	920-903-8716	
Owner's Name	Street Address		City	· · · · · · · · · · · · · · · · · · ·	State	Zip	Telephone Number	
Studio 247 Fine Jewelry, LLC	3545 E Calur	net St	App	leton	WI	54915	920-903-8716	
Business Manager's name	Street Address		City		State	Zip	Telephone Number	
Craig Slavens	4810 W. Ambe	rwood L	n  App	leton	WI	54914	920-903-8716	
Building Owner's Name	Street Address	<del></del>	City		State	Zip	Telephone Number	
Studio 247 Real Estate, LLC	1726 N. Balla	ard Rd	aaA 📗	leton	WL	54911	920-202-3354	

SECTION 4 – PARTNERSH	IP INFORM	ATION					
Partnership Name:				_			
Studio 247 Fi						and the state of t	
List name, address, sex, race an	d date of birt	h of all p	artners. Al	ttach additional sheets, if necessary			
Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip
Rice, Larry L	М	W	7/27/48	W3534 Center Valley Ro	Freedom	WI	54913
Rice, Rubhen A	M A	W	1/13/72	W3536 Center Valley Ro	Freedom	WI	54913
Rice Henke, Milada	C F	W	7/7/76	W3532 Center Valley Ro	Freedom	WI	54913
Slavens, Craig I		W	8/19/68	4810 W. Amberwood Ln	Appleton	WI	54913
SECTION 5 – CORPORATE	INFORMA <sup>*</sup>	TION .					
Corporation Name:	10000				State	of Inco	р.
List name, address, sex, race an	d date of birt	n of all p	artners. At	tach additional sheets, if necessary			
Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip
		***	.,	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
SECTION 6 - PENALTY NO	TICE						
l understand that this license ma violation of Wis. Stats, §§ 134.71	y be denied o	r revoke	d for fraud,	misrepresentation or false statements of	ontained in the appl	cation or f	or any
7				s application is true and correct to the be			
clerk within ten (10) days of any	change in the	informa	lion supplie	ed in this application.			
Signature of Applicant:		10	~~ <u>~</u>		Date	10,2	1,17
FOR OFFICE USE ONLY							
Dept Approv	e Deny	Ву		Reas	on		
POLICE							· · · · ·
FIRE						·	
COM DEVELOPMENT		-					
CITY SEALER		-			<del></del>		
Safety and Licensing Co	ommon Counc	il	Date I	ssued Expiration Date	License	Number	
	<i></i>	/		<i></i>			