

## LICENSE APPLICATION

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

FEES ARE NON-REFUN	<b>DABLE</b> Date	Recv'd 10/15/19
Pawnbroker	\$210.00	Acct. CLLPWN
Secondhand Article	\$90.00 /\$75.00	orig/rnw (see below)
Secondhand Jewelry	\$90.00 (\$75.00	Orig/rnw (see below)
Secondhand Mall/Flea	\$165.00	Acct. CLLSMF
Investigation fee	\$ 7.00	Acct. CLCPIF
Total fee paid \$ 88-	Receipt #	14965

Original Application Acct Code: CLLSJW
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, 4, and 6

Return application and required fees to:
OFFICE OF THE CITY CLERK, 100 N. APPLETON STREET
APPLETON, WI 54911

SECTION 1 – APPLICANT INFOR	RMATION					per la
Applicant Name ( Last, First, MI)		Sex	Race	Date of Birth	Place	of Birth (City & State)
Druxman, J	ason A.	M	$\bigvee$	0.00	2	ealle
Street Address	City		State	Zip	Hom	e Telephone Number
303 C. College Ne	Spoleton		WI	5491		
SECTION 2 – CONVICTION REC	ORD '					
Have you, or any other person listed o	on this application, been co	nvicted of any	of the followin	g:		
A felony within the	last ten (10) years? 🛚 🗖	YES 🗷 NO				
Within the last ten	(10) years of:		V			·
A misd	lemeanor?		D YES A			
A statı	utory violation punishable l	by forfeiture?	TO YES XX	10		
A coun	nty or municipal ordinance	violation?	D YES 🗖 N	10		
SECTION 3 – BUSINESS INFORM	MATION				7 	
Business Name	Street Address	· · · · · · · · · · · · · · · · · · ·	City	State	Zip	Telephone Number
Avenue Jewelers	303 E. (5	llegethe	, Lade	ton WI	54911	<b>60600</b>
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 – PARTN	IERSHIP II	NFORM						•		
Partnership Name:									<u> </u>	
List name, address, sex,	race and da	te of birt	h of all p	artners. A	ttach additional shee	ts, if necessary				
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City		State	Zip
							'			
SECTION 5 – CORPO	DRATE INF	ORMA	TION							,
Corporation Name:  Avenue Corporation Name:  List name, address, sex, race and date of birth of all partners. Attach additional speets, if necessary								State of Incorp.		
lst name, address, sex,	race and da	te of birt	h of all p	artners. A	ttach additional shee	ts, if necessary			دنى	
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City		State	Zip
Jason Dri	18mar	M	N		2951 ch	nstelle Do	Mena	Sha	wt	5495
Jason Dri Voseph Pank	rate	M	W		2951 Chm NZ340	Cleghorn R	2 Whu	fuca	WI	5494
····						, 				
SECTION 6 - PENAL	TY NOTIC	E								
I understand that this lic					I, misrepresentation o	r false statements	contained in	the appl	ication or f	or any
violation of Wis. Stats. §										
Under penalty of law, I s clerk within ten (10) day							oest of my kn	owledge.	. I agree to	inform the
Signature of Applicant:		4						Date	10,1	167
FOR OFFICE USE OF	VLY (	$\mathcal{I}$				-		<del>,</del>		
Dept	Approve	Deny	Ву			Re	ason	······································		
POLICE										
FIRE						·				
COM DEVELOPMENT										
CITY SEALER										<u> </u>
Safety and Licensing	Comr	non Cour	ıcil	Date	Issued	Expiration Date	е	License	e Number	
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