

## LICENSE APPLICATION

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

FEES ARE NON-REFUNDABLE Date Recv'd 10 /39/19						
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 \$ 83	Receipt #	15342				

☐ 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, 5, 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						
Applicant Name ( Last, First, MI)		Sex	Race	Date of Bi	irth	Place	of Birth (City & State)
Crawford, Troy	W	M	White			Do	illas TX
Street Address	City		State	Zip	,	Home	e Telephone Number
11233 Seaside Ln	Frisco		1/2	750	35		
SECTION 2 – CONVICTION REC	ORD						
Have you, or any other person listed o		_		g:			
	7, 7, 7	YES XX	0				
Within the last ten			155 158 .				
	emeanor?		NES 🗖 NES 🗖				
	itory violation punishable b						
A coun	ity or municipal ordinance v	iolation?	YES DO	IU			
For each "YES" response provide t	the date of arrest, the na	ture of the	e offense and co	nviction in	formati	on:	
·	·						
SECTION 3 – BUSINESS INFORM	MATION						
Business Name	Street Address	uite50	O City		State	Zip	Telephone Number
GameStop #5520	3825 E Calur	ret St	Applet	on	WI	54915	<b>COCCO</b>
Owner's Name	Street Address		City		State	Zip	Telephone Number
GameStop, Tuc.	625 Westpor	+ PKW	4 Grage	vine	TX	76051	00000
Business Manager's name	Street Address	ite 50	City		State	Zip	Telephone Number
Jason Kuppin.	3825 E Calum		ΙΛ .	ton	IW	54915	<b>C00000</b>
Building Owner's Name	Street Address		City		State	Zip	Telephone Number
Eisenhower Properties	11 N Washington	<u> </u>	0 Breen	Bay	WI	54301	COCCO

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: Sumulary Turc 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  Lundarstand that this license may be denied or revoked for fraud, misrepresentation or fabe statements contained in the application or for any violation of Wis. State, \$9 : 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 telerk within ten (10) days of any change in the information supplied in this application.  Signature of Applicant: Date 12   77   11    PORTIONE SEALER  Approve Deny By Reason  POLICE  FIRE  COM DEVELOPMENT  CITY SEALER  Safety and Licensing Common Council Date Issued Expiration Date Ucense Number	•	<b>::</b>									
Name (Last, First, MI)  Sex Race DOB Street Address City State Zip  SECTION 5 - CORPORATE INFORMATION  Corporation Name: Cancard Jan. 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  Lunderstand 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. Lagree to inform it clerk within ten (10) days of any change in the information supplied in this application.  Signature of Applicant: Date 16 / 7711  FOR OFFICE USE ONLY  Dept Approve Deny By Reason  POLICE  FIRE  COM DEVELOPMENT  CITY SEALER	List name, address, se	race and da	ate of hirth	of all n	artners /	ttach additional shee	ts if necessar				
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Corporation Name: Game Group Time 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  Lunderstand 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. Lagree to inform to clerk within ten (10) days of any change in the information supplied in this application.  Signature of Applicant:  Date 10.1/7.1.6  FOR OFFICE USE ONLY  Dept Approve Deny By Reason  POLICE  FIRE  COM DEVELOPMENT  CITY SEALER	Name (Last, First, MI)		Sex	Race	DOB	Street Address	City		State	Zip	
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POLICE  FIRE  COM DEVELOPMENT  CITY SEALER		-7	y 4			,			Date	18/4	7/18
POLICE  FIRE  COM DEVELOPMENT  CITY SEALER	Signature of Applicant:		jeff	-					Date		7/13
FIRE  COM DEVELOPMENT  CITY SEALER	Signature of Applicant:	NLY	jal-t	-					Date		7/13
COM DEVELOPMENT  CITY SEALER	Signature of Applicant:	NLY	Deny	Ву					Date		7//
COM DEVELOPMENT  CITY SEALER	Signature of Applicant: FOR OFFICE USE O	NLY	Deny	Ву					Date		7118
CITY SEALER	Signature of Applicant: FOR OFFICE USE O	NLY	Deny	Ву		•			Date		7/13
	Signature of Applicant: FOR OFFICE USE O  Dept  POLICE	NLY	Deny	Ву					Date		7/23
Safety and Licensing Common Council Date Issued Expiration Date License Number	Signature of Applicant: FOR OFFICE USE O  Dept  POLICE  FIRE	NLY	Deny	Ву					Date		7/18
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