

LICENSE APPLICATION

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

I		. —			
FEES ARE NON-REFUN	DABLE Date Re	ecv'd/			
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 \$	Receipt #_ 	10001			
Original Application Acct Code: CLLSJW					

Please allow 4 weeks for processing

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

Acct Code: CLLSJR

SECTION 1 – APPLICANT INFO	RMATION	-				
pplicant Name (Last, First, MI)		Sex	Race	Date of Birth	Place	of Birth (City & State)
Floben Tiff	fani R	上	C.		Apr	heton, WI
treet Address	City	1	State	Zip	Hom	e Telephone Number
u7234 SancolRd	Greenville		100	54943		
SECTION 2 – CONVICTION REC	ORD			L.,		
lave you, or any other person listed			of the following	; ;		
A felony within the Within the last ter		YES OCHO				
	demeanor?		YES DON	О		
A stat	tutory violation punishable I	by forfeiture?	YES ON			
	nty or municipal ordinance		TO YES DON			
SECTION 3 – BUSINESS INFOR	MATION	· · · · · · · · · · · · · · · · · · ·				
Business Name	Street Address		City	State	Zip	T <u>el</u> epho <u>ne</u> Number
Tiffani's Bridal	1314 W. COLLEC	ge Ave #	ild Apple	10) NOT	21914	000
Owner's Name	Street Address	. 01	City	State	Zip	Telephone Number
Tiffani Elboen	W7234 Schoo	ol Ka.	Areenvi	ille WI	54942	
Business Manager's name	Street Address		City	State	Zip	Telephone Number
)	Samuel Add		- Charles		-1	T-11
Building Owner's Name	Street Address	AND HI	City	State	Zip	Telephone Number
Dernie Laira	1214 m. and it	1 107 41 1	HARRI	$ \mathcal{W} $, i.e.	34914	

SECTION 4 – PARTI	NERSHIP II	NFORM	ATION						9 1 4. N	
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	
SECTION 5 – CORPORATE INFORMATION										
Corporation Name	!							State of Incorp.		
List name, address, sex	, race and da	ite of birth	of all p	artners.	Attach additional sheet	s, if necessar	у			
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City	State	Zip	
	***************************************							·		
								,		
						is				
SECTION 6 – PENA	LTY NOTIC	<u> </u> :E								
										
I understand that this liviolation of Wis. Stats. §					d, misrepresentation or	false statem	ents contained in	the application or f	or any	
					his application is true ar	nd correct to	the best of my kno	owledge. I agree to	inform the	
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 11,23,19										
FOR OFFICE USE O	NLY									
Dept	Approve	Deny	Ву			,	Reason			
POLICE										
FIRE										
COM DEVELOPMENT					,					
CITY SEALER										
Safety and Licensing	Comr	non Cound	:il	Date	e Issued	Expiration	Date	License Number		
12/11/19	12	118	/19_	-						

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