

## LICENSE APPLICATION

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

FEES ARE NON-REFUNDABLE Date Recv'd 12/6/19							
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 \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Receipt #	41-600					
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 INFORMATION										
Applicant Name ( Last, First, MI)	Sex	Race	Date of Birth	Place	of Birth (City & State)					
			white "		mile	xwkee, WI				
Milloy, Michael Street Address	City	W	State	Zip		Home Telephone Number				
11775 Shady brook law Green ville WF 54942 54942										
Have you, or any other person listed of A felony within the		victed of an /ES 🔘 NO		g:						
Within the last ten		162 YE 110	,							
A misdemeanor?										
A statutory violation punishable by forfeiture? TO YES TO NO										
A county or municipal ordinance violation?										
For each "YES" response provide t										
SECTION 3 – BUSINESS INFORMATION										
Business Name	Street Address		City	State	Zip	Telephone Number				
T+S sports	611 w Northan	d Au	e Apple	ton wf	suall	920-735-0432				
Owner's Name	Street Address		1	1	Zip	Telephone Number				
Mike millow	N1775 Shadybro	shadybroklane Greenville wf 54942		800000						
Business Manager's name	Street Address	treet Address City State		State	Zip	Telephone Number				
Building Owner's Name	Street Address		City	State	Zip	Telephone Number				
Rilewis + Rilewis CLC	60 BCX 3319	O	Green b	bay WI	54305	0000000				

SECTION 4 – PARTNERSHIP INFORMATION										
Partnership Name	2:									
List name, address, se	x, race and d	ate of birt	h of all p	artners.	Attach additional sh	eets, if necessar				
Name (Last, First, MI)	1 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sex	Race	DOB	Street Address		City		State	Zip
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SECTION 5 – CORP	ORATE IN	FORMA	TION							
Corporation Name								State	of Inco	rn
List name, address, sex		ate of hirt	h of all n	artners	Attach additional ch	note if nococcas		Jiace	OI IIICO	
	t, race and us					ets, if necessar			1	·
Name (Last, First, MI)		Sex	Race	DOB	Street Address		City		State	Zip
, , , ,										
SECTION 6 – PENA	LTY NOTIC	Œ	1				-		.1	
I understand that this li	cense may he	e denied c	or royaka	d for frau	d misroprosontation	or falso statom	ants contained in	the engli	ostion au f	
violation of Wis. Stats.	§§ 134.71, 94	13.34, 948	.62 or 94	8.63.	u, misrepresentation	or raise statem	ents contained in	тпе арри	cation or r	or any
Under penalty of law, I							the best of my kn	owledge.	I agree to	inform the
clerk within ten (10) da	e1//	nge in the	: Intorma 	tion supp						C. 10
Signature of Applicant:			110	ar C	<i></i>			Date		81/9
FOR OFFICE USE O	NLY									
Dept	Approve	Deny	Ву				Reason			
POLICE										
FIRE										
COM DEVELOPMENT										
CITY SEALER						· · · · · · · · · · · · · · · · · · ·				
Safety and Licensing	Comn	non Coun	cil	Date	Issued	Expiration	<u> </u> Date	License	Number	
12/11/19	12	18	119	.						

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