

LICENSE APPLICATION
for
PAWNBROKER
SECONDHAND ARTICLE DEALER
SECONDHAND JEWELRY DEALER

License Year: 2023-2024

License # _____

CHECK ALL THAT APPLY:	
<input type="checkbox"/> Original Application	<input type="checkbox"/> Renewal
TYPE: <input type="checkbox"/> Pawnbroker <input type="checkbox"/> Secondhand Article Dealer <input type="checkbox"/> Secondhand Jewelry Dealer	

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

(SECTION 1) APPLICATION INFORMATION				
Applicant Name (Last, First, MI)	Sex	Race	Date of Birth	Place of Birth (City & State)
Street Address	City	State	Zip	Home Telephone Number

(SECTION 2) CONVICTION RECORD
Have you, or any other person listed on this application, been convicted of any of the following: A FELONY WITIN THE LAST TEN (10) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO WITIN THE LAST FIVE (5) YEARS: a misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO a statutory violation punishable by forfeiture? <input type="checkbox"/> YES <input type="checkbox"/> NO a county or municipal ordinance violation? <input type="checkbox"/> YES <input type="checkbox"/> NO
For each "YES" response provide the date of arrest, the nature of the offense and conviction information: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>

(SECTION 3) BUSINESS INFORMATION					
Business Name	Street Address	City	State	Zip	Telephone Number
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

(Over)

(SECTION 4) PARTNERSHIP INFORMATION

Partnership Name: _____

List name, address, sex, race and date of birth (DOB) of all partners. *Attach additional sheets if necessary.*

Name (Last, First, MI)	Sex	Race	DOB	Address	City	State	Zip

(SECTION 5) CORPORATE INFORMATION

Corporation Name: _____	State of Incorporation: _____
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List name, address, sex, race and date of birth (DOB) of all corporation officers and directors. *Attach additional sheets if necessary.*

Name (Last, First, MI)	Sex	Race	DOB	Address	City	State	Zip

(SECTION 4) PARTNERSHIP INFORMATION

I understand that this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application or for any violation of Village of Hales Corners Municipal Code §§ 316-4 D

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: _____

Print Name of Applicant: _____

FOR ADMINISTRATIVE USE ONLY

Licensing Authority	Licensing Number Assigned	Date Effective	Clerk
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FEES RECEIVED: Pawnbroker License (210) \$ _____ Store/Mall/Flea Market License(165) \$ _____
 Secondhand Jewelry License (30) \$ _____ Secondhand Dealer License (28) \$ _____ **TOTAL FEE: \$ _____**

FOR LAW ENFORCEMENT USE ONLY

Recommend Approval Recommend Denial (Attach explanation.)

Investigating Officer Signature: _____ Date: _____

Print Name of Investigating Officer: _____