

# LICENSE APPLICATION

## PAWNBROKER, SECONDHAND ARTICLE DEALER, SECONDHAND JEWELRY DEALER, MALL OR FLEA MARKET

License Year: 2025-2026

License # \_\_\_\_\_

CHECK ALL THAT APPLY:	
<input type="checkbox"/> Original Application	<input type="checkbox"/> Renewal
<b>TYPE (check all that apply) :</b> <input type="checkbox"/> Pawnbroker \$210 <input type="checkbox"/> Secondhand Article Dealer \$28 <input type="checkbox"/> Secondhand Jewelry Dealer \$30 <input type="checkbox"/> Mall or Flea Market \$165	

### INSTRUCTIONS:

INDIVIDUAL LICENSE – Complete Sections 1, 2, 3 and 7  
 PARTNERSHIP LICENSE – Complete Sections 1, 2, 3, 4 and 7  
 LLC or CORPORATE LICENSE – Complete Sections 1, 2, 3, 5 or 6 and 7

(SECTION 1) APPLICATION INFORMATION				
Applicant Name (Last, First, MI)	Date of Birth	Sex (M or F)	Place of Birth (City & State)	
Applicants Street Address	City	State	Zip	Home Telephone Number
List All States Applicant Previously Resided:				

(SECTION 2) CONVICTION RECORD	
Have you, or any other person listed on this application, been convicted of any of the following: <b>A FELONY WITHIN THE LAST TEN (10) YEARS?</b> <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span> <b>WITHIN THE LAST FIVE (5) YEARS:</b> <div style="display: flex; justify-content: space-between;"> <div>a misdemeanor?</div> <div><input type="checkbox"/> YES    <input type="checkbox"/> NO</div> </div> <div style="display: flex; justify-content: space-between;"> <div>a statutory violation punishable by forfeiture?</div> <div><input type="checkbox"/> YES    <input type="checkbox"/> NO</div> </div> <div style="display: flex; justify-content: space-between;"> <div>a county or municipal ordinance violation?</div> <div><input type="checkbox"/> YES    <input type="checkbox"/> NO</div> </div>	
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;"/>	

(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

**(SECTION 4) PARTNERSHIP INFORMATION**

Partnership Name: \_\_\_\_\_

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

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

**(SECTION 5) LIMITED LIABILITY COMPANY INFORMATION**

Limited Liability Company Name: \_\_\_\_\_

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

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

**(SECTION 6) CORPORATE INFORMATION**

Corporation Name: \_\_\_\_\_

State of  
Incorporation: \_\_\_\_\_List name, date of birth (DOB), and address of all corporation officers and directors. *Attach additional sheets if necessary.*

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

**(SECTION 7) PENALTY NOTICE**

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 Chapter 316.

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: \_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_

FOR ADMINISTRATIVE USE ONLY			
Licensing Authority	Licensing Number Assigned	Date Effective	Clerk
FEES RECEIVED: Pawnbroker License (210) \$_____ Store/Mall/Flea Market License(165) \$_____			
Secondhand Jewelry License (30) \$_____ Secondhand Dealer License (28) \$_____ <b>TOTAL FEE: \$_____</b>			
FOR LAW ENFORCEMENT USE ONLY			
<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Denial (Attach explanation.)			
Investigating Officer Signature: _____ Date: _____			
Print Name of Investigating Officer: _____			