



CITY OF WAUKESHA
CLERK TREASURER'S DEPARTMENT
 201 Delafield Street, Waukesha WI 53188
 City Hall Room 104
 Tel: (262) 524-3550 Fax: (262) 524-3888
www.waukesha-wi.gov

OFFICE USE ONLY! - 2D
 Clerk Initials: _____
 Received Date: _____

SECONDHAND DEALER / FLEA MARKET / PAWN BROKER

For license period ending 6/30/

Licenses Applying For

- Check all licenses applying for:
- | | |
|--|----------|
| <input type="checkbox"/> Secondhand Article Dealer | \$40.00 |
| <input type="checkbox"/> Secondhand Jewelry Dealer | \$40.00 |
| <input type="checkbox"/> Secondhand Article Dealer Mall and/or Flea Market | \$165.00 |
| <input type="checkbox"/> Pawnbroker | \$210.00 |
| <input checked="" type="checkbox"/> Record Check Fee | \$7.00 |

TOTAL DUE \$ _____

Applicant Information

Applicant Full Name _____
 Date of Birth _____ Check One: Male Female
 Phone Number _____ Email _____
 Home Address _____
 City, State & Zip _____

Violations

✓ I understand that failure to list all violations may result in the rejection of this application. _____ (please initial)

- Have you been convicted of a felony within the last 10 years? Yes No
- Have you been charged with a misdemeanor within the last 5 years? Yes No
- Have you been charged with a statutory violation punishable by forfeiture within the last 5 years? Yes No
- Have you been charged with a county or municipal ordinance violation within the last 5 years? Yes No
- Have you been charged with a ticket or charged with any violation of Federal, State or City within the last 5 years? Yes No

*If you answered yes to any questions above, please give date and details: _____

Business Information

Check One: Individual License Partnership License Corporate License

Check One: Original Application Renewal

Trade Name of Business _____

Address _____ City _____ Zip _____

Phone Number _____ Website _____

Do you own the building? Yes No If no, please list who owns building _____

Please continue application on other side →

Partnership / Corporation Information Skip if business is not a partnership or corporation

Partnership or Corporation Name _____

State and Date of Corporation _____ Registered Agent _____

List Corporation Officers and/or Directors:

| <i>Full Name</i> | <i>Date of Birth</i> | <i>Address</i> | |
|------------------|----------------------|----------------|---|
| _____ | _____ | _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| _____ | _____ | _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| _____ | _____ | _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| _____ | _____ | _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female |

Other Information

Statement of Business to be carried on, including inventory of articles and merchandise to be handled: _____

List any combustible material which will be stored or handled _____

Penalty Notice and Signature

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 ss. 134.71, 948.62 or 948.63, Wis. Stats.

Furthermore, I have read Municipal Code 8.03 which regulates Pawnbrokers, Secondhand Article & Jewelry Dealers and I understand the requirements set forth and agree to abide by said requirements.

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 City Clerk's Office within ten (10) days of any change in the information supplied in this application.

Signature _____ Date _____

FOR OFFICE USE ONLY!

Record Check Requested: _____ Fees Paid: _____ O&L Meeting Date: _____

FOR LAW ENFORCEMENT USE ONLY

Please check one: Recommend Approval Recommend Denial (*Provide explanation*)

Signature _____ Date _____