



Wisconsin Department of Agriculture, Trade and Consumer Protection

Bureau of Consumer Protection

2811 Agriculture Drive, PO Box 8911, Madison WI 53708-8911

Phone: (800) 422-7128 FAX: (608) 224-4677 TDD: (608) 224-5058

Email: DATCPHotline@wi.gov Website: datcp.wi.gov

LICENSE APPLICATION for

- Pawnbroker
- Secondhand Jewelry Dealer
- Secondhand Article Dealer
- Secondhand Article Dealer Mall or Flea Market

Wis. Stat. § 134.71

Completion of this form is mandatory; failure to fully complete this form will result in denial of the license application. Personally identifiable information may be used for purposes other than for which it is originally being collected. *Wis. Stat. § 15.04(1)(m).*

CHECK ALL THAT APPLY:

☐ Original application ☐ Renewal

TYPE: ☐ Pawnbroker ☐ Secondhand Jewelry Dealer ☐ Secondhand Article Dealer ☐ Mall or Flea Market

INSTRUCTIONS:

NATURAL PERSON (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) APPLICANT INFORMATION

| | | | | | | |
|---|------|----|---------------|--|--|-----|
| FIRST NAME | | MI | LAST NAME | | HOME TELEPHONE NUMBER () - | |
| SEX | RACE | | DATE OF BIRTH | | PLACE OF BIRTH (City, State, Country) | |
| ADDRESS STREET | | | CITY | | STATE | ZIP |
| LIST ALL STATES APPLICANT PREVIOUSLY RESIDED: | | | | | | |
| IS APPLICANT A: <input type="checkbox"/> Natural Person (Individual) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership | | | | | | |

(SECTION 2) CONVICTION RECORD

Has the applicant, been convicted or adjudicated of any of the following **within the last 10 years** where the circumstances of the offense substantially relate to the circumstances of the licensed activity:

| | |
|---|--|
| a felony? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 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 or penalty information:

Attach additional sheets if necessary.

(SECTION 3) BUSINESS INFORMATION

| | | | | | |
|------------------------|----------------|------|-------|-----|-------------------------------|
| BUSINESS NAME | ADDRESS STREET | CITY | STATE | ZIP | PHONE NUMBER () - |
| OWNER'S NAME | ADDRESS STREET | CITY | STATE | ZIP | PHONE NUMBER () - |
| BUSINESS MANGER'S NAME | ADDRESS STREET | CITY | STATE | ZIP | PHONE NUMBER () - |
| BUILDING OWNER'S NAME | ADDRESS STREET | CITY | STATE | ZIP | PHONE NUMBER () - |

(SECTION 4) LIMITED LIABILITY COMPANY INFORMATION

Limited Liability Company Name:

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

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

(SECTION 5) PARTNERSHIP INFORMATION

Partnership Name:

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

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

(SECTION 6) CORPORATION INFORMATION

Corporation Name:

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

| Name (Last, First, MI) | DOB | Street 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 *Wis. Stat. §§ 134.71, 943.34, 948.62 or 948.63.*

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.

| | |
|--|--|
| | |
|--|--|

YOUR SIGNATURE

PRINT NAME

FOR ADMINISTRATIVE USE ONLY

| LICENSING AUTHORITY | | LICENSE NUMBER ASSIGNED | | DATE EFFECTIVE | CLERK |
|---------------------|----------------------------|-------------------------|--|----------------|-----------|
| FEES RECEIVED: | Pawnbroker Bond | \$ | Secondhand Article License | \$ | |
| | Pawnbroker License | \$ | Secondhand Dealer Mall/Flea Market License | \$ | |
| | Secondhand Jewelry License | \$ | TOTAL FEE: | | \$ |

FOR LAW ENFORCEMENT USE ONLY

| | |
|---|---|
| <input type="checkbox"/> Recommend Approval | <input type="checkbox"/> Recommend Denial (Attach explanation.) |
| Investigating Office Signature: | Date: |
| Print Name of Investigating Officer: | |