

# Operator Licenses Granted from 10/11/2010 Thru 06/30/2011

<i>License #</i>	<i>Issue Date</i>	<i>Type</i>	<i>Name</i>	<i>Maiden Name</i>	<i>DOB</i>	<i>Address</i>	<i>Employer</i>
10/11/2010	New		KNEPPER, AMANDA			815 EIGHTH STREET #325	RACINE YACHT CLUB
10/11/2010	New		SASS, DANIEL			5009 DEERWOOD DRIVE	APPLEBEE'S

# LICENSE APPLICATION

for

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

CHECK ALL THAT APPLY:



Original Application



Renewal

**TYPE:**



Pawnbroker



Secondhand Jewelry Dealer



Secondhand Article Dealer



Mall/Flea Market

**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) APPLICANT INFORMATION

Applicant Name (Last, First, MI)			Sex	Race	Date of Birth	Street Address
Nelson, David, J			M	W	10/09/1983	6249 S Parkside Dr
City	State	ZIP	Home Telephone Number		Place of Birth (City & State)	
Tempe	AZ	85283	480-577-9677		Racine, WI	

### (SECTION 2) CONVICTION RECORD

Have you, or any other person listed on this application, been convicted of any of the following:

**A FELONY WITHIN THE LAST 10 YEARS?:**

☐ YES

☒ NO

**WITHIN THE LAST 5 YEARS OF:**

a misdemeanor?

☐ YES

☒ NO

a statutory violation punishable by forfeiture?

☐ YES

☒ NO

a county or municipal ordinance violation?

☐ YES

☒ NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction information:

### (SECTION 3) BUSINESS INFORMATION

Business Name	Street Address	State	ZIP Code	Telephone Number
ED Marshall Jewelry Buyers	5200 Washington Ave. Suite 105	WI	53406	480-577-9677
Owner's Name	Street Address	State	ZIP Code	Telephone Number
Edmund Marshall	6936 E Dale	AZ	85266	480-922-1968
Business Manager's Name	Street Address	State	ZIP Code	Telephone Number
Building Owner's Name	Street Address	State	ZIP Code	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	Street Address	City	State	ZIP

### (SECTION 5) CORPORATE INFORMATION

Corporation Name:

E.D. Marshall Inc.

State of Incorporation

Arizona

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	Street Address	City	State	ZIP
Marshall, Edmund,D	M	W	6/27/44	6936 E Dale	Scottsdale	AZ	85266
Nelson,David,J	M	W	10/9/83	6249 S Parkside Dr	Tempe	AZ	85283

### (SECTION 6) 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 ss. 134.71, 943.34, 948.62 or 948.63, Wis Statutes.

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:



#### FOR ADMINISTRATIVE USE ONLY

Licensing Authority	License Number Assigned	Date Effective	Clerk
FEES RECEIVED: Pawnbroker Bond _____ Pawnbroker License _____ Secondhand Jewelry License _____			
Secondhand Article License _____ Secondhand Dealer Mail/Flea Market _____ TOTAL FEE: _____			

#### FOR LAW ENFORCEMENT USE ONLY

☐ Recommend Approval

☐ Recommend Denial (Attach Explanation)

Investigating Officer Signature \_\_\_\_\_

Date \_\_\_\_\_