

Bill 2769

0908-19

Application Acct No: 11101-44110  
Record Check Fee \$15 each person  
Acct No: 11101-46100

Date: \_\_\_\_\_

Sellers Permit # \_\_\_\_\_

### LICENSE APPLICATION

For

**PAWNBOKER  
SECONDHAND JEWELRY DEALER  
SECONDHAND ARTICLE DEALER  
SECONDHAND ARTICLE DEALER MALL/FLEA MARKET**

#### CHECK ALL THAT APPLY:

Original application       Renewal       Other (If they are licensed in another Wisconsin Municipality)

**TYPE:**       Pawnbroker \$500.00       Secondhand Jewelry Dealer \$500.00  
 Secondhand Article Dealer \$500.00       Mall/Flea Market \$1,000.00

#### 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

#5208

#### (SECTION 1) APPLICANT INFORMATION

Applicant Name (Last, First, MI) LeVeille Pamela A A		Sex F	Race W	Date of Birth	Place of Birth (City & State) Waukesha wt
Street Address 8136 Whitetail Dr	City Mt Pleasant	State WI	ZIP 53406	Home Telephone Number 262 488 2842	

#### (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 TEN (10) YEARS?**       YES       NO

**WITHIN THE LAST TEN (10) 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 Ostime Goes By	Street Address 223 6th st	City Racine	State WI	ZIP 53408	Telephone Number 262 488 2842
Owner's Name Pam LeVeille	Street Address 8136 Whitetail Dr	City Mt Pleasant	State WI	ZIP 53406	Telephone Number 262 488 2842
Business Manager's Name	Street Address	City	State	ZIP	Telephone Number
Building Owner's Name Don Koziak	Street Address 6231 Berkshire Dr	City Mt Pleasant	State WI	ZIP 53408	Telephone Number 847-800 6916

(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: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

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

**(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 Wis. Stats. §§ 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.

Signature of Applicant: Pamela A LeVeille

Print Name of Applicant: Pamela A LeVeille

**FOR ADMINISTRATIVE USE ONLY**

FEES RECEIVED: Record Check @ \$15 ea. person \$ X Secondhand Article License \$ X  
Pawnbroker License \$ \_\_\_\_\_ Secondhand Dealer Mall/Flea Market License \$ \_\_\_\_\_  
Secondhand Jewelry License \$ \_\_\_\_\_ TOTAL FEE: \$ 515 Rcpt #: 20173270

Fingerprints  Record check

License # Issued: \_\_\_\_\_ Date License Issued: \_\_\_\_\_