

Date: 02/26/19

Sellers Permit #
456-0000098808

LICENSE APPLICATION

For

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

CHECK ALL THAT APPLY:

<input type="checkbox"/> Original application	<input checked="" type="checkbox"/> Renewal	<input type="checkbox"/> Other (If they are licensed in another Wisconsin Municipality)
TYPE:	<input type="checkbox"/> Pawnbroker \$500.00	<input checked="" type="checkbox"/> Secondhand Jewelry Dealer \$500.00
	<input checked="" type="checkbox"/> Secondhand Article Dealer \$500.00	<input type="checkbox"/> 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

(SECTION 1) APPLICANT INFORMATION

Applicant Name (Last, First, MI) <u>Yasin, Abdel Karim</u>		Sex <u>M</u>	Race <u>W</u>	Date of Birth <u>4/11</u>	Place of Birth (City & State) <u>Yarmallah, Jordan</u>
Street Address <u>2724 16th st</u>	City <u>Racine</u>	State <u>WI</u>	ZIP <u>53405</u>	Home Telephone Number <u>262-818-3200</u>	

(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 <u>Wisconsin Discount</u>	Street Address <u>2724 16th st</u>	City <u>Racine</u>	State <u>WI</u>	ZIP <u>53405</u>	Telephone Number <u>262-632-1578</u>
Owner's Name <u>Abdel Karim Yasin</u>	Street Address <u>2724 16th st</u>	City <u>Racine</u>	State <u>WI</u>	ZIP <u>53405</u>	Telephone Number <u>262-818-3200</u>
Business Manager's Name <u>Abdel Malik Yasin</u>	Street Address <u>5817 22nd ave</u>	City <u>Kenosha</u>	State <u>WI</u>	ZIP <u>53140</u>	Telephone Number <u>262-672-5286</u>
Building Owner's Name	Street Address	City	State	ZIP	Telephone Number

(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.*

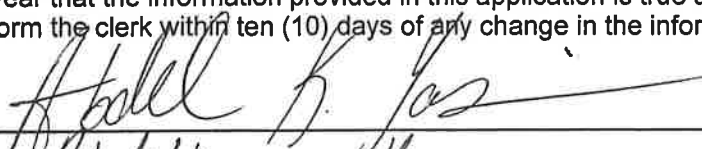
Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	Zip

(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: _____



Print Name of Applicant: _____

Abdelkarim Yasin

FOR ADMINISTRATIVE USE ONLY

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

Fingerprints Record check

License # Issued: _____

Date License Issued: _____