

West 9533 CB# 8534. BA# 3220

20182432-5

Department of Agriculture,  
Trade and Consumer Protection  
CP-121 (TRAC-433), 4/08  
State of Wisconsin (WI Stat. 134.71)

Bill# 525

Record Check Fee \$15 each person

Date: 11/11/24

FEIN# 33-1525080

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

**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

#### (SECTION 1) APPLICANT INFORMATION

Applicant Name (Last, First, MI) Buticmar Tara		Sex F	Race H	Date of Birth	Place of Birth (City & State) Racine WI
Street Address 3428 4th Ave	City Racine	State WI	ZIP 53402	Home Telephone Number 262-412-9052	

#### (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:

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#### (SECTION 3) BUSINESS INFORMATION

Business Name One Stop Shop Thrift	Street Address 240 Main St.	City Racine	State WI	ZIP 53403	Telephone Number 262-412-9052
Owner's Name LLC	Street Address	City	State	ZIP	Telephone Number
Business Manager's Name Tara Buticmar	Street Address 3428 4th Ave	City Racine	State WI	ZIP 53402	Telephone Number 262-412-9052
Business Manager's Name	Street Address	City	State	ZIP	Telephone Number

Building Owner's Name	Street Address	City	State	ZIP	Telephone Number
Mark Levine	3515 Darby Ave	Rainier	WA	98102	206-497-1094

(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: Tara Gutierrez

Print Name of Applicant: Tara Gutierrez

**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: \_\_\_\_\_