

bill 570 & 571

2018 05 20-1

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

Record Check Fee \$15 each person

Date: _____

FEIN # 99-4471037

Sellers Permit #
456-1031203487-02

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) <u>Yasin, Abdel, M.</u>		Sex <u>M</u>	Race <u>W</u>	Date of Birth	Place of Birth (City & State) <u>Manati, Puerto Rico</u>
Street Address <u>5817 22nd ave</u>	City <u>Kenosha</u>	State <u>WI</u>	ZIP <u>53140</u>	Home Telephone Number <u>262-672-5286</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 Gold & Coin Exchange</u>	Street Address <u>3845 Douglas ave</u>	City <u>Bacine</u>	State <u>WI</u>	ZIP <u>53402</u>	Telephone Number <u>262-672-5286</u>
Owner's Name <u>Abdel M. 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>
Business Manager's Name	Street Address	City	State	ZIP	Telephone Number

Building Owner's Name	Street Address	City	State	ZIP	Telephone Number
Tekna K.G.	16800 W. Cleveland Ave, New Berlin	WI	53151	262-923-7304	(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: Abdel Gas

Print Name of Applicant: Abdel 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: _____