

cust 10 8199  
8200

bus acct 3017

Record Check Fee \$15 each person

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

FEIN # \_\_\_\_\_

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

## LICENSE APPLICATION

For

**PAWNBOKER  
SECONDHAND JEWELRY DEALER  
SECONDHAND ARTICLE DEALER**

**SECONDHAND ARTICLE DEALER MALL/FLEA MARKET**

Bill # 178

20181653-5

### 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) Booth, Adam E		Sex M	Race	Date of Birth	Place of Birth (City & State) Leicester, UK
Street Address 216 87th St, Pleasant Prairie	City Pleasant Prairie	State WI	Zip 53158	Home Telephone Number 872 235 3753	

### (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 Vintage and Modern Books	Street Address 415 6th Street	City Racine	State WI	ZIP 53403	Telephone Number 872255 3753
Owner's Name Adam Booth	Street Address 216 87th Street	City Pleasant Prairie	State WI	ZIP 53158	Telephone Number 872255 3753
Business Manager's Name	Street Address	City	State	ZIP	Telephone Number

Building Owner's Name	Street Address	City	State	ZIP	Telephone Number
ADAM BOOTH	216 87TH STREET	PLEASANT PRAIRIE	WI	53158	8722353753

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

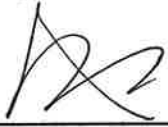
List name, address, sex, race and date of birth (DOB) of all corporation officers and directors. *Attach additional sheets if necessary.*

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: 

Print Name of Applicant: ADAM BOOTH

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