

Record Check Fee \$15 each person
Date: 1-26-24
FEIN # 86-2276683
Sellers Permit # 456-1029760749-03

LICENSE APPLICATION

For

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

20180964-5

CHECK ALL THAT APPLY:

another	<input checked="" type="checkbox"/> Original application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Other (If they are licensed in Wisconsin Municipality)
TYPE:	<input type="checkbox"/> Pawnbroker \$500.00	<input checked="" type="checkbox"/> Secondhand Article Dealer \$500.00	<input type="checkbox"/> Secondhand Jewelry 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>Schrader Victoria E</u>	Sex <u>F</u>	Race <u>W</u>	Date of Birth	Place of Birth (City & State) <u>Stillwater DL</u>
Street Address <u>1636 Chatham St</u>	City <u>Racine</u>	State <u>WI</u>	ZIP <u>53402</u>	Home Telephone Number <u>262-505-7004</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:

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(SECTION 3) BUSINESS INFORMATION

Business Name <u>Misha's Treasures</u>	Street Address <u>1202 B N. Main St</u>	City <u>Racine</u>	State <u>W</u>	ZIP <u>53402</u>	Telephone Number <u>262-933-1644</u>
Owner's Name <u>Victoria Schrader</u>	Street Address <u>1636 Chatham St</u>	City <u>Racine</u>	State <u>W</u>	ZIP <u>53402</u>	Telephone Number <u>262-505-7004</u>
Business Manager's Name	Street Address	City	State	ZIP	Telephone Number

Building Owner's Name	Street Address	City	State	ZIP	Telephone Number
Melosh, LLC	821 Austin Av	Park Ridge	IL	60068	312-714-4441

(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
Schrader Michael H	M	W	4/12/69	11636 Chatham St	Racine	W	53402

(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: Victoria Schrader

Print Name of Applicant: Victoria Schrader

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: _____