Department of Agriculture, Trade and Consumer Protection CP-121 (Factsheet433), 10/18

## 20172651-5

## LICENSE APPLICATION for

State of Wisconsin (WI Stat. s.134.71)

**PAWNBROKER** SECONDHAND JEWELRY DEALER SECONDHAND ARTICLE DEALER SECONDHAND ARTICLE DEALER MALL or FLEA MARKET

		CHECK ALL I	HAI AI	PLY:				
		☐ Original application		<b>⊠</b> Ren	ewal			
	TYPE:	☐ Pawnbroker Secondhand Article D			ondhand or Flea N		Dealer	- ģ
		INSTRU	CTIONS	<u>}</u> :				
	PA	PERSON (INDIVIDUAL) LIC RTNERSHIP LICENSE – Co ORPORATE LICENSE – Cor	mplete	Section	is 1, 2, 3,	4 and 6	i	
		(SECTION 1) APPLI	CANT IN	FORMA	TION			
Applicant Name	(Last, First, MI)	(oconor i) Air c		ex Rad		of Birth	Place o	of Birth (City, State, y)
Crawfo	rd, Tro	y W	1	1 6	· '		1 Dal	las, TX
Street Address		City		Sta	te ZIP			Telephone Number
11233	Seasid	eln Frisco	)	T	1 75	035	1 817	-424-200c
List all states app	olicant previously re	esided:						
Is applicant a:	□ Natural Person (	Individual) TCorporation Lim	ited Liabi	ity Comp	any 🗆 Pa	rtnership		
		(SECTION 2) COM						
Has the applica	ant, been convict ostantially relate	ed or adjudicated of any of the foot the circumstances of the licen	ollowing sed activ	within t vity:	he last 10	years w	here the c	ircumstances of
	a fol	ony?			☐ YES		M NO	
	a mi	sdemeanor?			☐ YES		<b>B</b> NO	
	a sta	atutory violation punishable by fo	orfeiture?		☐ YES		M NO M NO	
		unty or municipal ordinance viol			5.50-555.07.0		,	
For each "YES	" response provi	de the date of arrest, the nature	of the of	fense ar	nd convicti	on or per	nalty inform	nation:
/illuo// books	• • • • • • • • • • • • • • • • • • • •	•			*			
		(SECTION 3) BUSI			TION	Chat	ZIP	Telephone Number
<b>Business Name</b>		Street Address	Ci	, ,		State		The second secon
Camost	op #1171	5528 Durand	tre F	aciv	re	WI	53406	
Sancon	op willing	Street Address	Ci	tv		State	ZIP	Telephone Number

Street Address

Street Address

5528 Dward Ave

Owner's Name

Business Manager's Name

Telephone Number (Over)

8174242000

Telephone Number

2625548277

10051

53406

ZIP

State

ut

State

Grapevine

Rocine

City

City



ist name, address, and date of birth (DOB) o			programme and appropriate the second	Leura	ZIP
lame (Last, First, MI)	DOB	Street Address	City	State	ZIF
				-	
	25.30.00				
		·			
	(SECTION 5	) PARTNERSHIP INFORMAT	ION		
artnership Name:					
st name, address, and date of birth (DOB) of	f all partners.	Attach additional sheets if necess	ary.	and the second	
ame (Last, First, MI)	DOB	Street Address	City	State	ZIP
		The state of the s			
				_	
			L		
	(SECTION	6) CORPORATE INFORMATI	ION		
orporation Name: Barne Stop,				State of Incorporation	1: M
st name, address, and date of birth (DOB)	of all corporation	n officers and directors. Attach ac	dditional sheets if necessar	у.	
ame (Last, First, MI)	DOB	Street Address	City	State	Zip
routerd, Tray W		11733 Seaside LA	Frisco	7	7503
Joyd, Pohert A		4016 St Johas Ci	r Canvollton	2 1X	7501
	(SEC	TION 7) PENALTY NOTICE			
			n or false statement con	tained in the	
understand that this license may be de	1 00 1017	943 34 948 62 or 948 63			
understand that this license may be de application or for any violation of Wis. S					
application or for any violation of Wis. Signature in the incomment of law I swear that the in	formation pro	ovided in this application is true	e and correct to the best	of my knowle	edge.
application or for any violation of Wis. So Under penalty of law, I swear that the in agree to inform the clerk within ten (10)	formation pro	ovided in this application is true	e and correct to the best lied in this application.	of my knowle	edge.
Application or for any violation of Wis. So Ander penalty of law, I swear that the integree to inform the clerk within ten (10) Signature of Applicant:	formation products of any of	ovided in this application is true change in the information supp	olled in this application.		
Application or for any violation of Wis. So Under penalty of law, I swear that the in- Ingree to inform the clerk within ten (10) Signature of Applicant:	formation products of any of	ovided in this application is true change in the information supp	e and correct to the best blied in this application.		
Application or for any violation of Wis. Solution of Wish and Solution of Applicant:  Print Name of Applicant:	formation products of any of	ovided in this application is true change in the information supp	olled in this application.		
Inder penalty of law, I swear that the integree to inform the clerk within ten (10)  Signature of Applicant:  Print Name of Applicant:  FOR ADMINISTRATIVE USE ONLY	formation products of any of a	ovided in this application is true change in the information supp	olled in this application.		
Inder penalty of law, I swear that the in agree to inform the clerk within ten (10) Signature of Applicant:  Print Name of Applicant:  OR ADMINISTRATIVE USE ONLY Journal of Authority	formation products of any of a	ovided in this application is true change in the information supp	olled in this application.		
Inder penalty of law, I swear that the integree to inform the clerk within ten (10)  Signature of Applicant:  Print Name of Applicant:  FOR ADMINISTRATIVE USE ONLY  Idensing Authority	formation products of any of a	se Number Assigned  Date Effer	olled in this application.		
Inder penalty of law, I swear that the in agree to inform the clerk within ten (10) Signature of Applicant:  Print Name of Applicant:  FOR ADMINISTRATIVE USE ONLY Journal of Authority	formation products of any of the Licenses Bond \$	se Number Assigned  Date Effer	ctive Clerk		
pplication or for any violation of Wis. Solution of Wis. Solution penalty of law, I swear that the ingree to inform the clerk within ten (10).  Signature of Applicant:  Print Name of Applicant:  FOR ADMINISTRATIVE USE ONLY  Idensing Authority  FEES RECEIVED:  Pawnbroker	formation products of any of the License \$	se Number Assigned  Secondha  Secondha	ctive   Clerk		
pplication or for any violation of Wis. Solution of Wis. Solution penalty of law, I swear that the ingree to inform the clerk within ten (10) Signature of Applicant:  Print Name of Applicant:  FOR ADMINISTRATIVE USE ONLY Idensing Authority  FEES RECEIVED:  Pawnbroker  Pawnbroker  Secondhance	formation products of any of a	se Number Assigned  Secondha  Secondha	ctive Clerk  Ind Article License \$  and Dealer Mall/Flea Mall		
Inder penalty of law, I swear that the inagree to inform the clerk within ten (10)  Signature of Applicant:  Print Name of Applicant:  FOR ADMINISTRATIVE USE ONLY  Idensing Authority  FEES RECEIVED:  Pawnbroker  Pawnbroker  Secondhance  FOR LAW ENFORCEMENT USE ONL	License \$_License \$_Jewelry Lices	se Number Assigned  Secondha  Secondha	ctive Clerk  Ind Article License \$  and Dealer Mall/Flea Mall		