



**(SECTION 4) LIMITED LIABILITY COMPANY INFORMATION**

Limited Liability Company Name:

List name, address, and date of birth (DOB) of all members. Attach additional sheets if necessary.

Name (Last, First, MI)	DOB	Street Address	City	State	ZIP

**(SECTION 5) PARTNERSHIP INFORMATION**

Partnership Name:

List name, address, and date of birth (DOB) of all partners. Attach additional sheets if necessary.

Name (Last, First, MI)	DOB	Street Address	City	State	ZIP

**(SECTION 6) CORPORATE INFORMATION**

Corporation Name: BarnesStop, Inc

State of Incorporation: KN

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

Name (Last, First, MI)	DOB	Street Address	City	State	Zip
<u>Crawford, Troy W</u>		<u>11233 Seaside LN</u>	<u>Frisco</u>	<u>TX</u>	<u>75035</u>
<u>Lloyd, Robert A</u>		<u>4016 St Johns Cir</u>	<u>Carrollton</u>	<u>TX</u>	<u>75010</u>

**(SECTION 7) 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. Stat. §§ 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: [Signature]  
Print Name of Applicant: Troy Crawford

**FOR ADMINISTRATIVE USE ONLY**

Licensing Authority	License Number Assigned	Date Effective	Clerk
FEES RECEIVED: Pawnbroker Bond \$ _____		Secondhand Article License \$ _____	
Pawnbroker License \$ _____		Secondhand Dealer Mall/Flea Market License \$ _____	
Secondhand Jewelry License \$ _____		<b>TOTAL FEE: \$ _____</b>	

**FOR LAW ENFORCEMENT USE ONLY**

Recommend Approval       Recommend Denial (Attach explanation.)  
Investigating Office Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name of Investigating Officer: \_\_\_\_\_