

Cust entity : 105  
 Cust. Agent : 353  
 Department of Agriculture,  
 Trade and Consumer Protection  
 CP-121 (TRAC-433), 4/08  
 State of Wisconsin (WI Stat. 134.71)

Bill # 9232

Bus. Fee : 2888

Record Check Fee \$15 each person  
 Date: \_\_\_\_\_  
 FEIN # 47-1461806  
 Sellers Permit # 456-102872015702

**LICENSE APPLICATION**  
 For  
**PAWNBOKER**  
**SECONDHAND JEWELRY DEALER**  
**SECONDHAND ARTICLE DEALER**  
**SECONDHAND ARTICLE DEALER MALL/FLEA MARKET**

**CHECK ALL THAT APPLY:**

another  Original application  Renewal  Other (If they are licensed in Wisconsin Municipality)

*New Location*

**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) <i>Ali Abbari</i>	Sex <i>M</i>	Race	Date of Birth	Place of Birth (City & State) <i>SYRIA</i>
Street Address <i>1828 W Edgerton Ave</i>	City <i>MILWAUKEE</i>	State <i>WI</i>	ZIP <i>53221</i>	Home Telephone Number <i>414 202-4722</i>

**(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 <i>ANCIENT INFANTY LLC / ANCIENT HORIZONS</i>	Street Address <i>5790 Durand Ave</i>	City <i>Racine</i>	State <i>WI</i>	ZIP <i>53405</i>	Telephone Number <i>262-5541444</i>
Owner's Name <i>Ali Abbari</i>	Street Address <i>1828 W Edgerton Ave</i>	City <i>MILWAUKEE</i>	State <i>WI</i>	ZIP <i>53221</i>	Telephone Number <i>414 202-4722</i>
Business Manager's Name	Street Address	City	State	ZIP	Telephone Number

Unit A148

Building Owner's Name	Street Address	City	State	ZIP	Telephone Number
Regency Mall		Racine	WI	53	

(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
Ali Abdbari	M			1828 W Edgemoor Ave	MILWAUKEE	WI	53221

**(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:

Abdbari Ali

**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: \$ 515 Rcpt #:

 Fingerprints Record check