

1405-19

Application Acct No: 11101-44110  
 Record Check Fee \$15 each person  
 Acct No: 11101-46100  
 12/26/19  
 Sellers Permit # 11114

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

456-1027460481-02

**CHECK ALL THAT APPLY:**

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

**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) MOTTLE, TRACI L.	Sex	Race	Date of Birth	Place of Birth (City & State) RACINE, WI
Street Address 3801 DOUGLAS Ave	City RACINE	State WI	ZIP 53402	Home Telephone Number 262-681-2463

**(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 BELLE CITY RESALE LLC	Street Address 3801 DOUGLAS Ave	City RACINE	State WI	ZIP 53402	Telephone Number 262-681-2463
Owner's Name TRACI MOTTLE	Street Address ABOVE _____	City	State	ZIP	Telephone Number →
Business Manager's Name n	Street Address ABOVE _____	City	State	ZIP	Telephone Number
Building Owner's Name BELLE CITY HOLDINGS LLC	Street Address 3801 DOUGLAS Ave	City RACINE	State WI	ZIP 53402	Telephone Number 681-2463

(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:

BELLE CITY RESALE LLC

State of Incorporation:

WI

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
MOTTL, TRACY L				382N DOUGLASS AVE	RACINE	WI	53402

(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:

*Tracy Mottl*

Print Name of Applicant:

TRACY MOTTL

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: \_\_\_\_\_