

LICENSE APPLICATION

for

PAWNBROKER/SECONDHAND JEWELRY DEALER/SECONDHAND ARTICLE DEALER/SECONDHAND ARTICLE DEALER MALL/FLEA MARKET

CHECK ALL THAT APPLY:

Original Application

Renewal

TYPE: \$210.00 \$62.50

\$62.50 Furniture \$165.00
Highend Furniture
CONSIGNMENT

Pawnbroker Secondhand Jewelry Dealer Secondhand Article Dealer Mall/Flea Market

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>Zamecnik Bruce A</i>		Sex <i>X</i>	Race <i>W</i>	Date of Birth	Street Address <i>8911 Maplecrest Drive</i>
City <i>Pacine</i>	State <i>WI</i>	ZIP <i>53406</i>	Home Telephone Number	Place of Birth (City & State) <i>Pacine WI</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 10 YEARS?: YES NO

WITHIN THE LAST 5 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:

DUI

(SECTION 3) BUSINESS INFORMATION

Business Name <i>Z Atelier LLC</i>	Street Address <i>516 College Ave</i>	State <i>WI</i>	ZIP Code	Telephone Number
Owner's Name <i>Bruce A Zamecnik</i>	Street Address <i>8911 Maplecrest Dr</i>	State <i>WI</i>	ZIP Code <i>53406</i>	Telephone Number <i>224-440-5996</i>
Business Manager's Name <i>Same</i>	Street Address	State	ZIP Code	Telephone Number
Building Owner's Name <i>Tom Peterson</i>	Street Address	State	ZIP Code	Telephone Number

(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

(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 ss. 134.71, 943.34, 948.62 or 948.63, Wis Statutes.

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: _____

FOR ADMINISTRATIVE USE ONLY

Licensing Authority	License Number Assigned	Date Effective	Clerk
FEES RECEIVED: Pawnbroker Bond	Pawnbroker License	Secondhand Jewelry License	
Secondhand Article License	Secondhand Dealer Mall/Flea Market	TOTAL FEE	

FOR LAW ENFORCEMENT USE ONLY

Recommend Approval Recommend Denial (Attach Explanation)

Investigating Officer Signature _____ Date _____