

Bill # 603 20182644-2021  
Bill # 604

## LICENSE APPLICATION

For

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

Record Check Fee \$15 each person

Date: \_\_\_\_\_

FEIN # \_\_\_\_\_

Sellers Permit #

456-000054815703

### CHECK ALL THAT APPLY:

☐ Original application

☐ Renewal

**TYPE:**

☐ Pawnbroker \$500.00

☒ Secondhand Article Dealer \$500.00

☒ Secondhand Jewelry 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)	Sex	Race	Place of Birth (City & State)
SPENCER CHERYL J	F	W	MILW. WI
Street Address	City	State	ZIP
1222 OREGON ST	RACINE	WI	53405
Home Telephone Number			262-994-8086

### (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	Street Address	City	State	ZIP	Telephone Number
AMERICAN COIN AND SUPPLY INC	4625 WASHINGTON AVE	RACINE	WI	53405	262-637-7766
Owner's Name	Street Address	City	State	ZIP	Telephone Number
CHERYL J SPENCER	1222 OREGON ST	RACINE	WI	53405	262-994-8086
Business Manager's Name	Street Address	City	State	ZIP	Telephone Number
CHERYL J SPENCER	1222 OREGON ST	RACINE	WI	53405	262-994-8086

**(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
SPENCER CHERYL J	F	W	5/21/52	1222 OREGON ST	RACINE WI	WI	53405
SPENCER William J	M	W	12/3/37	1222 OREGON ST	RACINE WI	WI	53405

**(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: Cheryl J SpencerPrint Name of Applicant: CHERYL J SPENCER**FOR ADMINISTRATIVE USE ONLY**

FEES RECEIVED: Record Check @ \$15 ea. person \$ 30.00 Secondhand Article License \$ 500.00  
Pawnbroker License \$ \_\_\_\_\_ Secondhand Dealer Mall/Flea Market License \$ \_\_\_\_\_  
Secondhand Jewelry License \$ 500.00 TOTAL FEE: \$ 1030.00 Rcpt #: 006147

☐ Fingerprints      ☐ Record check

License # Issued: \_\_\_\_\_

Date License Issued: \_\_\_\_\_