

20182470-1

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

Bill 545

LICENSE APPLICATION

For

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

Record Check Fee \$15 each person

Date: _____

FEIN # 47-1461806

Sellers Permit #

456-102872015702

CHECK ALL THAT APPLY:

Original application Renewal

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) Ali Abdhani		Sex M	Race	Date of Birth	Place of Birth (City & State) SYRIA
Street Address 1828 W Edgerton Ave Milwaukee	City	State WI	ZIP 53221	Home Telephone Number 414 202-4722	

(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 Ancient Infinity LLC Ancient Horizons	Street Address 5790 Durand Ave	City Racine	State WI	ZIP 53406	Telephone Number 262-584-1444
Owner's Name Ali Abdhani	Street Address 1828 W Edgerton Ave Milwaukee	City Milwaukee	State WI	ZIP 53221	Telephone Number 414 202-4722
Business Manager's Name	Street Address	City	State	ZIP	Telephone Number

Building Owner's Name <i>Regency Mall</i>	Street Address	City <i>Racine</i>	State <i>WI</i>	ZIP	Telephone Number
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(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 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:

Abduu

Print Name of Applicant:

*Abdhar 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

License # Issued:

Date License Issued: