

(SECTION 4) PARTNERSHIP INFORMATION

Partnership Name:

None

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:

UPTOWN TRANSFER 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
MOTT, TRACI L.	F	W		2011 NEWBERRY LN	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:

*Traci Mott*

Print Name of Applicant:

TRACI MOTT

FOR ADMINISTRATIVE USE ONLY

Licensing Authority	License Number Assigned	Date Effective	Clerk

FEES RECEIVED: Pawnbroker Bond \$ \_\_\_\_\_ Secondhand Article License \$ \_\_\_\_\_  
 Pawnbroker License \$ \_\_\_\_\_ Secondhand Dealer Mail/Flea Market License \$ \_\_\_\_\_  
 Secondhand Jewelry License \$ \_\_\_\_\_ TOTAL FEE: \$ \_\_\_\_\_

FOR LAW ENFORCEMENT USE ONLY

Recommend Approval       Recommend Denial (Attach explanation.)

Investigating Office Signature \_\_\_\_\_

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

Print Name of Investigating Officer: \_\_\_\_\_