

LICENSE APPLICATION

for

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

CHECK ALL THAT APPLY:

☒ Original Application

☐ Renewal

TYPE:

☐ 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) Canpolat Omer			Sex M	Race Whik	Date of Birth	Street Address 528 Southtowne dr. W 208
City South Milwaukee	State WI	ZIP 53172	Home Telephone Number 414-324-6565		Place of Birth (City & State) Batman, Turkey	

(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:

(SECTION 3) BUSINESS INFORMATION

Business Name Gold Horizon LLC	Street Address 5538 Durand Ave. Regency Mall	State WI	ZIP Code 53406	Telephone Number 262-554-7979
Owner's Name Omer Canpolat	Street Address 528 southtowne dr. W 208	State WI	ZIP Code 53172	Telephone Number 414-324-6565
Business Manager's Name	Street Address	State	ZIP Code	Telephone Number
Building Owner's Name CBL-Regency Mall	Street Address 5538 Durand Ave.	State WI	ZIP Code 53406	Telephone Number 262-554-7979

(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)

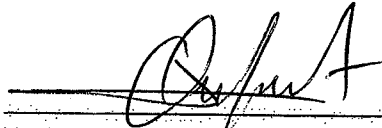
Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	ZIP

(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

Issuing Authority	License Number Assigned	Date Effective	IC#
FEES RECEIVED: Pawnbroker Bond	Pawnbroker License	Secondhand Jewelry License	
Secondhand Article License	Secondhand Dealer Mail/Free Market	TOTAL FEE	

FOR LAW ENFORCEMENT USE ONLY☐ Recommend Approval☐ Recommend Denial (Attach Explanation)

Investigating Officer Signature _____

Date _____