

Bill # 3042

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

Record Check Fee \$15 each person

Date: _____

FEIN # 20-5542337

Sellers Permit # 456-102-0021998-03

LICENSE APPLICATION

For

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

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

#5872

(SECTION 1) APPLICANT INFORMATION

Applicant Name (Last, First, MI) <u>Larsenfeld Audrey L</u>		Sex <u>F</u>	Race <u>W</u>	Date of Birth	Place of Birth (City & State) <u>Racine</u>
Street Address <u>402 main st</u>		City <u>Racine</u>	State <u>WI</u>	ZIP <u>53403</u>	Home Telephone Number <u>262-697-8098</u>

(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:

#5818

(SECTION 3) BUSINESS INFORMATION

Business Name <u>Gold Diamond + Design</u>	Street Address <u>402 main st</u>	City <u>Racine</u>	State <u>WI</u>	ZIP <u>53403</u>	Telephone Number <u>262-697-0984</u>
Owner's Name <u>Audrey + John Larsenfeld</u>	Street Address <u>402 main st</u>	City <u>Racine</u>	State <u>WI</u>	ZIP <u>53403</u>	Telephone Number <u>262-697-0984</u>
Business Manager's Name <u>Same as above</u>	Street Address <u>402 main st</u>	City <u>Racine</u>	State <u>WI</u>	ZIP <u>53403</u>	Telephone Number <u>262-697-0984</u>

Building Owner's Name	Street Address	City	State	ZIP	Telephone Number
Same as above					

(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:

Gold Diamond & Design Inc.

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
Langerfeld Audrey L	F	W		3324 134th St	Recine	WI	53405
Langerfeld John J	M	W		✓ ✓	✓	✓	✓

(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:

Audrey L Langerfeld

Print Name of Applicant:

Audrey L Langerfeld

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: \$ _____ Rcpt #:

- Fingerprints
- Record check

License # Issued:

Date License Issued:

Office of the City Clerk

Tara Coolidge
City Clerk/Treasurer

Amber Pfeiffer
Assistant City Clerk/Treasurer



City of Racine, Wisconsin

City Hall
730 Washington Avenue, #103
Racine, Wisconsin 53403
(262) 636-9171
Fax: (262) 636-9298
Email: clerks@cityofracine.org

This is to confirm that your application for a Secondhand Jewelry Dealer located at 402 MAIN STREET RACINE, WI 53403 will be presented to the Public Safety and Licensing Committee on 1/14/20 at 5:30P.M., in Room 307, City Hall. **Your attendance is mandatory.**

If for any reason you decide to withdraw your application, it must be done in writing and filed with the City Clerk's Office **prior to issuance of your license.** Any refunds for a denied or withdrawn license application will be refunded, minus publication, records check and a \$40.00 processing fee.

If the license is granted, it is understood that the applicant will not be issued a license until all necessary departmental approvals are received by the City Clerk's Office.

Please note there is a possibility the committee may vote to recommend denial / denial of renewal / suspension / revocation of your license application at this hearing, pursuant to the procedures under Wis. Stat. § 125.12 and subject to common council approval. You may be represented by an attorney at your own expense for any of these proceedings. Failure to appear may also result in denial of your application.

Signature of applicant *Amber Pfeiffer*

Signature of applicant/partner _____

Today's Date 12-18-19