20172651-5 LICENSE APPLICATION State of Wisconsin (WI Stat. s.134.71)

Bulgar

for

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

	CHECK ALL THAT	APP	LY:		
	☐ Original application	Ø	Renew	/al	
TYPE:	☐ Pawnbroker ☐ Secondhand Article Dealer			dhand Jewelry D Flea Market	lealer
	INSTRUCTIO	NS:			
PA	PERSON (INDIVIDUAL) LICENS RTNERSHIP LICENSE – Complet ORPORATE LICENSE – Complet	ete Se	ctions	1, 2, 3, 4 and 6	3 and 6
	(SECTION 1) APPLICANT	INFO	RMATI	ON	
Applicant Name (Last, First, MI)		Sex	Race	Date of Birth	Place of Birth (City, State,
Crawford, T	roy, W	N	C		Dallas N
Street Address	City		State	ZIP	Home Telephone Number
11223 Seaside	In Frisco		TX	75035	8174747200
List all states applicant previously re	sided:			L	
Is applicant a:	ndividual) Corporation Limited Lin	ability C	company	☐ Partnership	
	(SECTION 2) CONVICT	ION R	ECORD		
Has the applicant, been convicte the offense substantially relate to	ed or adjudicated of any of the following the circumstances of the licensed ac	g <u>with</u> ctivity:	nin the l	ast 10 years whe	re the circumstances of
a felo	ony?			YES 💆	no
a misdemeanor?					NO
a statutory violation punishable by forfeiture?				/ *	NO
a cou	inty or municipal ordinance violation?		П	YES 5)NO
For each "YES" response provid Attach additional sheets if necessary	e the date of arrest, the nature of the	offens	e and co	onviction or penalt	y information:
	(SECTION 3) BUSINESS I	NFOR	MATIO	N	

	(SECTION 3) BUSINES	S INFORMATION			
Business Name	Street Address	City	State	ZIP	Telephone Number
Game Stop #669	23105 Green Bay Rd	Racine	MI	53406	262-554-99
Owner's Name	Street Address	City	State	ZIP	Telephone Number
GameStop, Dre	625 Westport PKWY	Grapevine	TX	76051	8174247000
Business Manager's Name	Street Address	City	State	ZIP	Telephone Number
Travis, Dunlap	2310 S Green Bay Rd Stel	Pacine	WI	53406	262-554-970
Building Owner's Name	Street Address	City	State	ZIP	Telephone Number

(SECTION 5) PARTNERSHIP INF (SECTION 5) PARTNERSHIP INF Partnership Name: List name, address, and date of birth (DOB) of all partners. Attach additional sheets Name (Last, First, MI) DOB Street Address (SECTION 5) PARTNERSHIP INF Partnership Name: List name, address, and date of birth (DOB) of all partners. Attach additional sheets Name (Last, First, MI) DOB Street Address (SECTION 6) CORPORATE INFO Corporation Name: Corporation Name: Corporation Name: List name, address, and date of birth (DOB) of all corporation officers and directors. Name (Last, First, MI) DOB Street Address 1233 Stand Lloyd, Robert, A York St James Co.	City State ZIP
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Loyd, Robert, A 4016 St Johns Ci.	City State Zip
Loyd, Robert, A York St Johns Ci.	le Ln Frisco TX 750
love of social	Carrollon TX 750
	, (MISVODIC 1/2 i.o.
(SECTION 7) PENALTY NO	OTICE
understand that this license may be denied or revoked for fraud, misrepres	
Under penalty of law, I swear that the information provided in this application	on is true and correct to the best of my knowledge.
gree to inform the clerk within ten (10) days of any change in the information	on supplied in this application.
Signature of Applicant:	
T80.00 C-0	
Print Name of Applicant: Way Crawford	
FOR ADMINISTRATIVE USE ONLY Idensing Authority License Number Assigned	Date Effective Clerk
icensing Authority License Number Assigned	Date Effective Clerk
The state of the s	
EES RECEIVED: Pawnbroker Bond \$ Se	condhand Article License \$
Pawnbroker License \$ Se	condhand Dealer Mall/Flea Market License \$
Secondhand Jewelry License \$ TO	OTAL FEE: \$
OR LAW ENFORCEMENT USE ONLY	
Recommend Approval Recommend Denial (Attach explanat	
vestigating Office Signature	