

**LICENSE APPLICATION**

For

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

Record Check Fee \$15 each person

Date: 04/05/2021

FEIN # 514-78-3430

Sellers Permit #

456-000098808-03

**CHECK ALL THAT APPLY:**

☐ Original application

☒ Renewal

**TYPE:**

☐ Pawnbroker \$500.00

☒ Secondhand Article Dealer \$500.00

☒ Secondhand Jewelry 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)	Sex	Race	Date of Birth	Place of Birth (City & State)
<u>Yasin, Abdel Karim</u>	<u>M</u>	<u>W</u>		<u>Bamalkh, Jordan</u>
Street Address	City	State	ZIP	Home Telephone Number
<u>2724 16<sup>th</sup> st</u>	<u>Racine</u>	<u>WI</u>	<u>53405</u>	<u>262-632-6000</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:

**(SECTION 3) BUSINESS INFORMATION**

Business Name	Street Address	City	State	ZIP	Telephone Number
<u>Wisconsin Discount</u>	<u>2724 16<sup>th</sup> st</u>	<u>Racine</u>	<u>WI</u>	<u>53405</u>	<u>262-632-1578</u>
Owner's Name	Street Address	City	State	ZIP	Telephone Number
<u>Yasin, Abdel Karim</u>	<u>2724 16<sup>th</sup> st upper</u>	<u>Racine</u>	<u>WI</u>	<u>53405</u>	<u>262-818-3200</u>
Business Manager's Name	Street Address	City	State	ZIP	Telephone Number
<u>Yasin, Abdel Malik</u>	<u>5817 22nd ave</u>	<u>Kenosha</u>	<u>WI</u>	<u>53140</u>	<u>262-677-5281</u>

Building Owner's Name <i>Yasin, Abdelkarim</i>	Street Address <i>2724 16<sup>th</sup> st</i>	City <i>Bacine</i>	State <i>WI</i>	ZIP <i>53405</i>	Telephone Number <i>262-818-3200</i>
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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
<i>N/A</i>							

#### (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
<i>N/A</i>							

#### (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:

*Abdel K. Yasin*

Print Name of Applicant:

*Abdel Karim Yasin*

#### 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: \_\_\_\_\_

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number

456-0000098808-03

← This must be issued in the same Legal Name of the licensee below.

License Number

Period Covered

Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship)

Wisconsin Discount

Federal Employer Identification No. (FEIN)

514-78-3430

Trade or Business Name (if different than Legal Name)

Telephone Number 818-3200  
(262) 632-1578

Business Address (License Location)

2724 16th st

Business Located In

☒ City ☐ Village ☐ Town

Business Telephone

(262) 632-1578

Municipality

Racine

State

WI

Zip Code

53405

of:

Racine

County

Racine

Mailing Address (if different than Business Address)

1733 Douglas ave

Municipality

Racine

State

WI

Zip Code

53404

Organization (check one)

☒ Sole Proprietor

☐ Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_

☐ Partnership

☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ Yes ☐ No

☐ Other (describe) \_\_\_\_\_

☒ Yes ☐ No

1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?

☒ Yes ☐ No

2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dor/forms/ctp-129.pdf](http://revenue.wi.gov/dor/forms/ctp-129.pdf).)

☒ Yes ☐ No

3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☒ Yes ☐ No

4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)

☒ Yes ☐ No

5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☒ Yes ☐ No

6. Does the applicant understand that they may not sell single cigarettes?

☒ Yes ☐ No

7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☒ Yes ☐ No

8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

*Adelle G. Jones*  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

## Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.