

CUSTOMER: 4381
entity: 9388

BUSINESS: 3742
Bill #3282

2018 50912-01

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: <u>4-22-2026</u>
FEIN # <u>41-5201803</u>
Sellers Permit # <u>456-1032403694-02</u>

LICENSE APPLICATION

For

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

CHECK ALL THAT APPLY:	
<input type="checkbox"/> Original application	<input type="checkbox"/> Renewal
TYPE:	<input type="checkbox"/> Pawnbroker \$500.00 <input type="checkbox"/> Secondhand Article Dealer \$500.00 <input checked="" type="checkbox"/> Secondhand Jewelry Dealer \$500.00 <input type="checkbox"/> 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>KAYED, REBHI, M</u>	<u>M</u>	<u>W</u>		<u>chicago/IL</u>	
Street Address	City	State	ZIP	Home Telephone Number	
<u>8829. S 6th Ave</u>	<u>Oak Creek</u>	<u>WI</u>	<u>53154</u>	<u>703-627-3410</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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
WITHIN THE LAST TEN (10) YEARS OF:	
a misdemeanor?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
a statutory violation punishable by forfeiture?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
a county or municipal ordinance violation?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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>NER Solutions US DBA 1 Stop Exchange</u>	<u>2000 Lathrop Ave</u>	<u>Racine</u>	<u>WI</u>	<u>53405</u>	<u>262-207-4502</u>	
Owner's Name	Street Address	City	State	ZIP	Telephone Number	
<u>Rebhi Kayed.</u>	<u>8829-S 6th Ave</u>	<u>Oak Creek</u>	<u>WI</u>	<u>53154</u>	<u>703 627 3410</u>	
Business Manager's Name	Street Address	City	State	ZIP	Telephone Number	
<u>SAME</u>	<u>SAME</u>	<u>SAME</u>	<u>WI</u>	<u>WI</u>	<u>WI</u>	

Building Owner's Name	Street Address	City	State	ZIP	Telephone Number
RRAYA Group LLC Abeer Ayesh	3901 W Dory Dr.	Franklin	WI	53132	703-507-0507 (Over)

(SECTION 4) PARTNERSHIP INFORMATION

Partnership Name: N/A

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: NER Solutions LLC / DBA 1 Stop Exchange 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
Kayed, Rebhi, M	M	W		8829 S 6th Ave	Oak Creek	WI	53154

(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: 

Print Name of Applicant: Rebhi Kayed

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: _____

APPLICANT

LAST NAME NAM FIRST NAME KAYED, REBHI M MIDDLE NAME

ALIASES AKA O R I WI0520000 Racine County Sheriff's Department

CITIZENSHIP CIZ US 717 Wisconsin Ave Racine, WI 53403

YOUR NO. OCA M W 5' 10" 200 BLK US

SEX M RACE W HGT. 5' 10" WGT. 200 EYES BRO HAIR BLK PLACE OF BIRTH POB DATE OF BIRTH DOB Month Year

FBI NO. FBI CLASS

ARMED FORCES NO. MNU REF.

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

REASON FINGERPRINTED Other

LEAVE BLANK











DATE OF PERSON FINGERPRINTED 4 16 2026

RESIDENCE OF PERSON FINGERPRINTED 8829 S 6TH AVE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS [Signature]

DATE 4 16 2026 OAK CREEK, WI 53154

EMPLOYER AND ADDRESS N AND R SOULLTION LLC
2000 LATHROP AVE, SUIT 3 DBA 1 STOP EXCHANGE
RACINE, WI 53402

1. R. THUMB 	2. R. INDEX 	3. R. MIDDLE 	4. R. RING 	5. R. LITTLE 
6. L. THUMB 	7. L. INDEX 	8. L. MIDDLE 	9. L. RING 	10. L. LITTLE 

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LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

RIGHT FOUR FINGER TAKEN SIMULTANEOUSLY