Department of Agriculture, State of Wisconsin

**(SECTION 2) CONVICTION RECORD**

Has the applicant, been convicted or adjudicated of any of the following **within the last 10 years** where the circumstances of the offense substantially relate to the circumstances of the licensed activity :

For each “YES” response provide the date of arrest, the nature of the offense and conviction or penalty information:

*Attach additional sheets if necessary.*

Trade and Consumer Protection (WI Stat. s.134.71)

CP-121 Rev. 01-2020 (Factsheet433), 02/20

**LICENSE APPLICATION**

***for***

# SECONDHAND ARTICLE DEALERS

|  |  |  |
| --- | --- | --- |
| **CHECK ALL THAT APPLY:** | | |
| * Original application | | * Renewal |
| **TYPE:** | * Secondhand Numismatic Dealer | * Resale Clothing and Clothing Accessory Dealer |
| (Check all that apply) | * Architectural Salvage and Dealer | * Auctioneer |
|  | * Resale Furniture and Household Merchandise Dealer |  |

# INSTRUCTIONS:

NATURAL PERSON (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, Country) |
| Street Address | City | State | ZIP | Home Telephone Number |
| List all states applicant previously resided: | | | | |
| Is applicant a: Natural Person (Individual) Corporation Limited Liability Company Partnership | | | | |

|  |  |  |
| --- | --- | --- |
| a felony? | * YES | * NO |
| a misdemeanor? | * YES | * NO |
| a statutory violation punishable by forfeiture? | * YES | * NO |
| a county or municipal ordinance violation? | * YES | * NO |

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| **(SECTION 3) BUSINESS INFORMATION** | | | | | |
| Business Name | Street Address | City | State | ZIP | Telephone Number |
| Owner’s Name | Street Address | City | State | ZIP | Telephone Number |
| Business Manager’s Name | Street Address | City | State | ZIP | Telephone Number |
| Building Owner’s Name | Street Address | City | State | ZIP | Telephone Number |
| Total Sq. footage of the selling area | Square footage dedicated to sale of resale items | |  |  |  |

(Over)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **(SECTION 4) LIMITED LIABILITY COMPANY INFORMATION** | | | | | | |
| Limited Liability Company Name: | | | | | | |
| List name, address, and date of birth (DOB) of all members. *Attach additional sheets if necessary. Do not use nicknames.* | | | | | | |
| Name (Last, First, MI) | DOB |  | Street Address | City | State | ZIP |
|  | | | | | | |
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| **(SECTION 5) PARTNERSHIP INFORMATION** | | | | | | |
| Partnership Name: | | | | | | |
| List name, address, and date of birth (DOB) of all partners. *Attach additional sheets if necessary. Do not use nicknames.* | | | | | | |
| Name (Last, First, MI) | DOB |  | Street Address | City | State | ZIP |
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| --- | --- | --- | --- | --- | --- | --- |
| **(SECTION 6) CORPORATE INFORMATION** | | | | | | |
| Corporation Name: | | | | State of Incorporation: | | |
| List name, address, and date of birth (DOB) of all corporation officers and directors. *Attach additional sheets if necessary. Do not use nicknames.* | | | | | | |
| Name (Last, First, MI) | DOB | Street Address | City | | State | Zip |
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| **(SECTION 7) 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. Stat. §§ 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: | | | |
|  | | | |
| **FOR ADMINISTRATIVE USE ONLY** | | | |
| Licensing Authority | License Number Assigned | Date Effective | Clerk |
| FEES RECEIVED: No. of Types of Licenses \_\_\_\_\_\_ X $50.00 each = $\_\_\_\_\_\_\_\_\_  Background checks\_\_\_\_\_\_ X $15.00 each = $ \_\_\_\_\_\_\_\_ **TOTAL FEE: $ \_\_\_\_\_\_**  **Provide Copy of Driver’s License for each person listed in Section 3, 4, 5 or 6** | | | |
| **FOR LAW ENFORCEMENT USE ONLY** | | | |
| * Recommend Approval Recommend Denial (Attach explanation.)   Investigating Office Signature Date:  Print Name of Investigating Officer: | | | |
|  |  |  |  |

**Every Individual that will be conducting sales at your establishment must complete this form and submit a copy of his/her driver’s license. (Make additional copies as needed.)**

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted of any felony? | | YES  NO |
| Have you ever been convicted of any misdemeanor? | | YES  NO |
| Have you ever been convicted (paid fine) for any Ordinance violations (do not include traffic)? | | YES  NO |
| If you answered YES to the above questions, give dates of violations, place of violations, specify charges, disposition and date of disposition. | |  |
|  | | |
|  | | |
|  | | |
| **Place of Employment in Mequon:** |  | |

The undersigned affirms/swears that he/she has made complete and true answers to each question, and understands that false statements are a violation of state law punishable by a forfeiture of up to $1000, for a person who knowingly provides materially false information on this application and that his/her past record will become a part of this application.

**Applicant’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Name Printed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement of Chief of Police**:

 I have caused the applicant and the facts stated in this application to be investigated and I **APPROVE** the granting of the license.

 I have caused the applicant and the facts stated in this application to be investigated and I **DISAPPROVE** the granting of the license for the following reason(s). Attach additional sheet if needed.

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**Signature of Chief of Police**  **Date**

**TO BE COMPLETED BY CLERK**

|  |  |  |  |
| --- | --- | --- | --- |
| Date filed with Clerk: | Date Sent to CD: | License No. issued: | Date license issued: |
| Initials of Clerk: | CD Approval Date: |  | F & P Approval Date: |
| Receipt #: | CD Approved By: | Reissue receipt #: | Date license reissued: |

G:\Licensing\LICENSE APPLICATIONS\CP-121\_Second Hand Article Dealer License Applicant