

## LICENSE APPLICATION

*for*

## SECONDHAND ARTICLE DEALERS

### CHECK ALL THAT APPLY:

<input type="checkbox"/> Original application	<input type="checkbox"/> Renewal
<b>TYPE:</b> (Check all that apply)	<input type="checkbox"/> Secondhand Numismatic Dealer <input type="checkbox"/> Resale Clothing and Clothing Accessory Dealer <input type="checkbox"/> Architectural Salvage and Dealer <input type="checkbox"/> Auctioneer <input type="checkbox"/> 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: <input type="checkbox"/> Natural Person (Individual) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership				

### (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 :

a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a misdemeanor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a statutory violation punishable by forfeiture?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a county or municipal ordinance violation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction or penalty information:  
*Attach additional sheets if necessary.*

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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
<b>Total Sq. footage of the selling area</b>	<b>Square footage dedicated to sale of resale items</b>				

**(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

**(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

**(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

**(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
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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,**

**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 <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of any misdemeanor?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted (paid fine) for any Ordinance violations (do not include traffic)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you answered YES to the above questions, give dates of violations, place of violations, specify charges, disposition and date of disposition.	
<b>Place of Employment in Mequon:</b>	

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.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**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: