[	]	NEW
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## CITY OF LA CROSSE APPLICATION FOR PAWNBROKER, SECONDHAND DEALER OR MALL/FLEA MARKET

Fee:	\$	
Invoice	No.	

(Ch. 10, Article XVII)

For the license period beginning ending	]		20; 20	
To the Honorable Mayor, Comm	non Council, C	City Clerk and Chief of Po	olice of the City of L	a Crosse:
The undersigned hereby	makes applic	cation for:		
	econdhand ticle	Secondhand Jewelry, Precious	Metals & Gems	Mall/ Flea Market
BUSINESS NAME (Real/Legal Name of Applicant)				
BUSINESS ADDRESS				
BUSINESS TELEPHONE				
TRADE NAME				
*Any individual, partner, member o manager/person in charge shall be				corporate applicant and
WISCONSIN SELLER PERMIT (Must be issued in name of business)				
PREMISE ADDRESS (Where business is being conducted)				
PROPERTY/BUILDING OWNER (name, address, telephone)				
TERMS OF LEASE, if applicable				
*A separate license shall be obtaine	ed for each ind	ividual premise from which	the business is opera	ated.
ADDRESS OF ANY OFF-SITE STORAGE FACILITY				
PROPERTY/BUILDING OWNER (name, address, telephone)				
TERMS OF LEASE, if applicable				
If licensed in another Wisconsin Mu	unicipality:			
Issuing Municipality				
License Period				
*If the principal place of business is	within the City	r, a license is required.		

observance of the ord	dinances of the City	and such state	conditioned upon faithful performance and the laws relating to pawnbrokers and secondhand during the term of the license.
ATTACH for any off-site storage			//building in which business is being conducted or nan six (6) months.
Wisconsin. A secondh	and dealer that is example a period not to exce	xempt from obtaini eed the license pe	d in another municipality within the State of ng a license will be allowed to operate within the riod of the issuing municipality. *If the principal equired.
ATTACH			PERMIT. Permit must be current and valid and
information or making fal that I will comply with the	se statements on this provisions of law perta	application will be laining to this license	is true and correct. I am aware that withholding pasis for denial/revocation of license. I further certify (Ch. 10, Article XVII of the La Crosse Municipal Code) he information supplied in this application.
SIGNATURE OF APPLICANT			DATE
ALL LIGANT			DATL
	ADDDOVA	AL OF MUNICIPA	AL AUTHORITY
Upon investigation of shereby:	_		inicipal and state criminal records, license is
[ ] APPROVED [	] DENIED		
Signature of Police Dep	nartment Renresenta	44	
2.3	bartimont reproduction	ative	Date
The issuance of a Pawr license may be revoked misrepresentation or fa	nbroker, Secondhand d or suspended when lse statements conta due to the conduct o	Dealer or Mall/Flean deemed to be in ained in the application any licensee, the	Date  a Market License is conditional at all times. The the best interest of the City or for fraud, ation for a license. In addition, a license may be ir employee or agent or determines that the
The issuance of a Pawr license may be revoked misrepresentation or fa suspended or revoked	nbroker, Secondhand d or suspended when lse statements conta due to the conduct o	Dealer or Mall/Flean deemed to be in ained in the application any licensee, the	a Market License is conditional at all times. The the best interest of the City or for fraud, ation for a license. In addition, a license may be
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The issuance of a Pawr license may be revoked misrepresentation or fa suspended or revoked	nbroker, Secondhand d or suspended wher lse statements conta due to the conduct o State Statute or City	Dealer or Mall/Flean deemed to be in ained in the application any licensee, the	a Market License is conditional at all times. The the best interest of the City or for fraud, ation for a license. In addition, a license may be

## PERSONAL DATA SHEET (PLEASE PRINT ALL INFORMATION)

Each individual, partner, member of a limited liability company or officer, director or agent of any corporate applicant and manager/person in charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

Manager/Person in Charge:					
	(FIRST, FULL MIDDLE NAME, LAST)				
Home Address:	(OTDEET ADDRESS OF A STATE A 7/D)				
D (D) !!	(STREET ADDRESS, CITY, STATE & ZIP)				
Date of Birth:	Home Phone:	Daytime Phone:			
Violations:					
Title:	(5/207-5/4)				
		L MIDDLE NAME, LAST)			
Home Address:	(STREET ADDRESS, CITY, STATE & ZIP)				
Date of Birth:	Home Phone:	Daytime Phone:			
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Violations:					
Title:					
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Home Address:	•	,			
	(STREET ADDRESS, CITY, STATE & ZIP)				
Date of Birth:	Home Phone:	Daytime Phone:			
Violations:					
Title:					
	(FIRST, FULL MIDDLE NAME, LAST)				
Home Address:					
B	(STREET ADDRESS, CITY, STATE & ZIP)				
Date of Birth:	Home Phone:	Daytime Phone:			
Violations:					
Title:	/FIDST FILE	L MIDDLE NAME, LAST)			
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nome Address:	(STREET ADDRESS, CITY, STATE & ZIP)				
Date of Birth:	Home Phone:	Daytime Phone:			
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Violations:					