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| DTCP-BCP-009.docx (rev. 11/2023) |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionBureau of Consumer Protection2811 Agriculture Drive, PO Box 8911, Madison WI 53708-8911Phone: (800) 422-7128 FAX: (608) 224-4677 TDD: (608) 224-5058Email: DATCPHotline@wi.gov Website: [datcp.wi.gov](file:///C%3A/Users/lawrelj/Desktop/FilesToBkup/DTCP_ToBkup/datcp.wi.gov) |
| LICENSE APPLICATION for |
| * Pawnbroker
* Secondhand Jewelry Dealer
 | * Secondhand Article Dealer
* Secondhand Article Dealer Mall or Flea Market
 |
|  Wis. Stat. § 134.71Completion of this form is mandatory; failure to fully complete this form will result in denial of the license application. Personally identifiable information may be used for purposes other than for which it is originally being collected. *Wis. Stat. § 15.04(1)(m).* |
| CHECK ALL THAT APPLY: |
| [ ]  Original application [ ]  Renewal |
| TYPE: | [ ]  Pawnbroker | [ ]  Secondhand Jewelry Dealer | [ ]  Secondhand Article Dealer | [ ]  Mall or Flea Market |
| INSTRUCTIONS:NATURAL PERSON (INDIVIDUAL) LICENSE – Complete Sections 1, 2, 3 and 6PARTNERSHIP LICENSE – Complete Sections 1, 2, 3, 4 and 6CORPORATE LICENSE – Complete Sections 1, 2, 3, 5, and 6 |
| (SECTION 1) APPLICANT INFORMATION |
| FIRST NAME      | MI   | LAST NAME      | HOME TELEPHONE NUMBER(     )     -      |
| SEX      | RACE      | DATE OF BIRTH      | PLACE OF BIRTH (City, State, Country)      |
| ADDRESS STREET      | CITY      | STATE   | ZIP      |
| LIST ALL STATES APPLICANT PREVIOUSLY RESIDED:      |
| IS APPLICANT A: | [ ]  Natural Person (Individual) | [ ]  Corporation | [ ]  Limited Liability Company | [ ]  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? [ ]  YES [ ]  NO |
| 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 or penalty information: |
| Attach additional sheets if necessary. |
|       |
|       |
|       |
| (SECTION 3) BUSINESS INFORMATION |
| BUSINESS NAME      | ADDRESS STREET      | CITY      | STATE   | ZIP      | PHONE NUMBER (     )     -      |
| OWNER’S NAME      | ADDRESS STREET      | CITY      | STATE   | ZIP      | PHONE NUMBER (     )     -      |
| BUSINESS MANGER’S NAME      | ADDRESS STREET      | CITY      | STATE   | ZIP      | PHONE NUMBER (     )     -      |
| BUILDING OWNER’S NAME      | ADDRESS STREET      | CITY      | STATE   | ZIP      | PHONE NUMBER (     )     -      |
| (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. |
| 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 members. Attach additional sheets if necessary. |
| Name (Last, First, MI) | DOB | Street Address | City | State | Zip |
|       |       |       |       |    |       |
|       |       |       |       |    |       |
|       |       |       |       |    |       |
|       |       |       |       |    |       |
| (SECTION 6) CORPORATION INFORMATION |
| Corporation Name:       |
| List name, address, and date of birth (DOB) of all members. Attach additional sheets if necessary. |
| 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. |
|       |       |
| YOUR SIGNATURE  | PRINT NAME |
|  |  |
| FOR ADMINISTRATIVE USE ONLY |
| LICENSING AUTHORITY      | LICENSE NUMBER ASSIGNED      | DATE EFFECTIVE      | CLERK      |
| FEES RECEIVED: | Pawnbroker Bond | $       | Secondhand Article License  | $       |
|  | Pawnbroker License  | $       | Secondhand Dealer Mall/Flea Market License  | $       |
|  | Secondhand Jewelry License  | $       | TOTAL FEE: | $       |
| FOR LAW ENFORCEMENT USE ONLY |
| [ ]  Recommend Approval | [ ]  Recommend Denial (Attach explanation.)       |
| Investigating Office Signature:       | Date:       |
| Print Name of Investigating Officer:       |
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