

[] NEW
[] RENEWAL

CITY OF LA CROSSE
APPLICATION FOR
PAWNBROKER, SECONDHAND DEALER OR
MALL/FLEA MARKET
(Ch. 10, Article XVII)

Fee: \$ _____

Invoice No. _____

For the license period beginning _____ 20 ____;
ending _____ 20 ____.

To the Honorable Mayor, Common Council, City Clerk and Chief of Police of the City of La Crosse:

The undersigned hereby makes application for:

Pawnbroker **Secondhand Article** **Secondhand Jewelry, Precious Metals & Gems** **Mall/ Flea Market**

BUSINESS NAME <i>(Real/Legal Name of Applicant)</i>	
BUSINESS ADDRESS	
BUSINESS TELEPHONE	
TRADE NAME	

**Any individual, partner, member of a limited liability company or officer, director or agent of any corporate applicant and manager/person in charge shall be listed on the attached Personal Data Sheet.*

WISCONSIN SELLER PERMIT <i>(Must be issued in name of business)</i>	
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PREMISE ADDRESS <i>(Where business is being conducted)</i>	
PROPERTY/BUILDING OWNER <i>(name, address, telephone)</i>	
TERMS OF LEASE, if applicable	

**A separate license shall be obtained for each individual premise from which the business is operated.*

ADDRESS OF ANY OFF-SITE STORAGE FACILITY	
PROPERTY/BUILDING OWNER <i>(name, address, telephone)</i>	
TERMS OF LEASE, if applicable	

If licensed in another Wisconsin Municipality:

Issuing Municipality	
License Period	

**If the principal place of business is within the City, a license is required.*

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: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Title: _____
(FIRST, FULL MIDDLE NAME, LAST)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Title: _____
(FIRST, FULL MIDDLE NAME, LAST)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Title: _____
(FIRST, FULL MIDDLE NAME, LAST)

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