



<input type="checkbox"/> Original Application	<input type="checkbox"/> Renewal Application	For Office Use only
<input type="checkbox"/> Pawnbroker	\$210.00	Date Rec'd _____
<input type="checkbox"/> Secondhand Jewelry	\$ 30.00	Receipt _____
<input type="checkbox"/> Secondhand Article	\$ 27.50	Paid \$ _____
<input type="checkbox"/> Secondhand Mall/Flea	\$165.00	
<input type="checkbox"/> Investigation Fee	\$7.00	
Investigation Fee Non-Refundable		

**License Application For Pawnbroker/Secondhand Jewelry Dealer/
Secondhand Article Dealer/Secondhand Article Dealer Mall/Flea Market**

Licenses Valid January 1 – December 31

Individual License

Name: _____ | _____ | _____ / /
Last First Middle Initial M | F Date of Birth

Home Address: _____
Street

_____ | _____ | _____ | _____
City State Zip Phone

Corporate or Partnership (Circle One)

Name: _____ ()
Street City State Zip Phone

Owners Name: _____ ()
Street City State Zip Phone

Managers Name: _____ ()
Street City State Zip Phone

Building Owners Name: _____ ()
Street City State Zip Phone

Corporate Officer or Partner information

Name 1: _____ / / | | ()
Date of Birth M | F Phone

_____ | _____ | _____ | _____
Street City State Zip

Name 2: _____ / / | | ()
Date of Birth M | F Phone

_____ | _____ | _____ | _____
Street City State Zip

Name 3: _____ / / | | ()
Date of Birth M | F Phone

_____ | _____ | _____ | _____
Street City State Zip

Name 4: _____ / / | | ()
Date of Birth M | F Phone

_____ | _____ | _____ | _____
Street City State Zip

**Reasonable accommodations for persons with Disabilities will be made upon request and if feasible.
Return application to: Town Clerk • 1900 Grand Chute Blvd., • Grand Chute, WI 54913-9613**

General description of items / goods to be purchased and or sold _____

List place(s) where conducting business in the Town of Grand Chute _____

Have you, or any other person listed on this application, been convicted of any of the following:

a felony within the last 10 years Yes No

a misdemeanor in the last 5 years? Yes No

a statutory violation punishable by forfeiture in the last 5 years Yes No

a County or Municipal ordinance or violation in the last 5 years Yes No

For each Yes response provide the date of arrest, the nature of the offense and conviction information:

I understand that this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application of for any violation of ss. 134.71, 943.34, 948.62 or 948.63, Wis. Statutes

Under penalty of law, I swear that the information provided in the application is true and correct to the best of my knowledge. I agree to inform the clerk within ten days of any change in the information supplied in this application.

I have received a copy of the following and have indicated so by my initials. _____ WI State Statutes Section 134.71

Applicant's Signature: _____

FOR OFFICE USE ONLY

APPROVALS REQUIRED

Police	____/____/____ <i>date sent</i>	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	by _____	Reason Denied: _____
Fire	____/____/____ <i>date sent</i>	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	by _____	Reason Denied: _____
Com.Dev.	____/____/____ <i>date sent</i>	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	by _____	Reason Denied: _____
Town Board	____/____/____ <i>date sent</i>	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	by _____	Reason Denied: _____
License No.	_____	Date Issued	____/____/____	Exp. Date ____/____/____

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