

# LICENSE APPLICATION

for

## PAWNBROKER/SECONDHAND JEWELRY DEALER/SECONDHAND ARTICLE DEALER/SECONDHAND ARTICLE DEALER MALL/FLEA MARKET

### CHECK ALL THAT APPLY:

- Original Application  Renewal
- Pawnbroker  Secondhand Jewelry Dealer  Secondhand Article Dealer  Mall/Flea Market

**TYPE:**

### INSTRUCTIONS:

- 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	Street Address
City	State	ZIP	Home Telephone Number	Place of Birth (City & State)	

### (SECTION 2) CONVICTION RECORD

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

**WITHIN THE LAST 5 YEARS OF:**

- 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 information:

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### (SECTION 3) BUSINESS INFORMATION

Business Name	Street Address	State	ZIP Code	Telephone Number
Owner's Name	Street Address	State	ZIP Code	Telephone Number
Business Manager's Name	Street Address	State	ZIP Code	Telephone Number
Building Owner's Name	Street Address	State	ZIP Code	Telephone Number

(Over)

**(SECTION 4) PARTNERSHIP INFORMATION**

Partnership Name: \_\_\_\_\_

List Name, Address, Sex / Race and Date of Birth (DOB) of All Partners:  
*(attach additional sheets if necessary)*

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	ZIP

**(SECTION 5) CORPORATE INFORMATION**

Corporation Name: \_\_\_\_\_

State of Incorporation \_\_\_\_\_

List Name, Address, Sex / Race and Date of Birth (DOB) of All Corporation Officers and Directors:  
*(attach additional sheets if necessary)*

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	ZIP

**(SECTION 6) 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 ss. 134.71, 943.34, 948.62 or 948.63, Wis Statutes.

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: \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY**

Licensing Authority	License Number Assigned	Date Effective	Clerk
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FEES RECEIVED: Pawnbroker Bond \_\_\_\_\_ Pawnbroker License \_\_\_\_\_ Secondhand Jewelry License \_\_\_\_\_

Secondhand Article License \_\_\_\_\_ Secondhand Dealer Mail/Flea Market \_\_\_\_\_ TOTAL FEE: \_\_\_\_\_

**FOR LAW ENFORCEMENT USE ONLY**

Recommend Approval

Recommend Denial (Attach Explanation)

Investigating Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

# River Falls Police Department

## Authorization for Release of Information

(for official use only)

I hereby empower an employee of the River Falls Police Department or other authorized representative bearing this release to, within one year of its' date, obtain information and records pertaining to me from any or all of the following sources:

- (1) Village, Township, Municipal, County, State or Federal law enforcement or government agencies, Wisconsin Department of Justice and Department of Transportation
- (2) Selective Service System
- (3) Any banking institution
- (4) Any place of business (for purposes of obtaining credit or employment data)
- (5) Credit rating bureaus or institutions maintaining individual credit rating files
- (6) Any previous employer or present employer, including employment history, discipline, personnel action, evaluations, training, etc.
- (7) Any school, college, university or other education institution
- (8) Any person, organization or agency the department chooses to contact or interview that may provide relevant background information
- (9) Other:

This information is to be used to assist the River Falls Police Department, Police and Fire Commission, and the City of River Falls in determining my qualifications and fitness for the position I am seeking with the River Falls Police Department and/or for investigation purposes. Please provide to the River Falls Police Department any information falling within the classes listed above, including any information which may be considered confidential or privileged and permit the River Falls Police Department to examine and copy that information if it so desires.

I hereby release any law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization:

Full Name (print) \_\_\_\_\_ Maiden Name \_\_\_\_\_

Full Name (signature) \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number (voluntary request) \_\_\_\_\_

Driver License Number and State Issued \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*Please include a copy of your drivers' license with this application\*\*\***