[ ] NEW	CITY OF LA CROSSE	71,21
RENEWAL	APPLICATION FOR	10011
PAW	NBROKER, SECONDHAND DEALER OR	
	MALL/FLEA MARKET	
	(Ch. 10, Article XVII)	
For the license period beginning ending	g JULY 1 <sup>st</sup> 20 <u>17</u> ; JUNE 30 <sup>th</sup> 20 <u>18</u>	
To the Honorable Mayor, Comn	non Council, City Clerk and Chief of Police of the City of La Crosse:	
The undersigned hereby	y makes application for:	
	econdhand Secondhand Mall/ rticle Jewelry, Precious Metals & Gems Flea Market	' 
BUSINESS NAME (Real/Legal Name of Applicant)	STERLING, INC	
BUSINESS ADDRESS	375 GHENT RD AKRON OH 44333 330-665-6564	
BUSINESS TELEPHONE	608-781-1788	
TRADE NAME	KAY JEWELERS #0165	
*Any individual, partner, member manager/person in charge shall be	of a limited liability company or officer, director or agent of any corporate applicant e listed on the attached Personal Data Sheet.	and
WISCONSIN SELLER PERMIT (Must be issued in name of business)		
PREMISE ADDRESS (Where business is being conducted)	3800 STATE ROAD, SUITE 125 LA CROSSE WI 54601	
PROPERTY/BUILDING OWNER (name, address, telephone)	PREIT 200 SOUTH BROAD ST PHILADELPHIA PA 19102-3803 866-875-0700	
TERMS OF LEASE, if applicable		
*A separate license shall be obtain	ned for each individual premise from which the business is operated.	
ADDRESS OF ANY OFF-SITE STORAGE FACILITY		
PROPERTY/BUILDING OWNER (name, address, telephone)		
TERMS OF LEASE, if applicable		
If licensed in another Wisconsin N	Aunicipality:	
Issuing Municipality		
License Period		

\$125.00

Fee:

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

ATTACH BOND in the amount of \$2,500 with not less than 2 sureties, conditioned upon faithful performance and the observance of the ordinances of the City and such state laws relating to pawnbrokers and secondhand dealers. The bond must be in full force and effect at all times during the term of the license.

 $\frac{1}{1000}$  ATTACH photocopy of any LEASE for property/building in which business is being conducted or for any off-site storage facility. Lease must extend for more than six (6) months.

ATTACH photocopy of LICENSE if licensed in another municipality within the State of Wisconsin. A secondhand dealer that is exempt from obtaining a license will be allowed to operate within the City of La Crosse for a period not to exceed the license period of the issuing municipality. \*If the principal place of business is within the City of La Crosse, a license is required.

ATTACH photocopy of WISCONSIN SELLER PERMIT. Permit must be current and valid and issued in the same legal/real name of Applicant or Business. Currently being up dated due to a name change

I hereby attest that the information contained in this application is true and correct. I am aware that withholding information or making false statements on this application will be basis for denial/revocation of license. I further certify that I will comply with the provisions of law pertaining to this license (Ch. 10, Article XVII of the La Crosse Municipal Code) and agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

SIGNATURE OF Aut Man	DATE 6/6/2017

## APPROVAL OF MUNICIPAL AUTHORITY

Upon investigation of statements made on application and municipal and state criminal records, license is hereby:

## [] APPROVED [] DENIED

Signature o	of Police	Department	Representative

Date

The issuance of a Pawnbroker, Secondhand Dealer or Mall/Flea Market License is conditional at all times. The license may be revoked or suspended when deemed to be in the best interest of the City or for fraud, misrepresentation or false statements contained in the application for a license. In addition, a license may be suspended or revoked due to the conduct of any licensee, their employee or agent or determines that the licensee has violated a State Statute or City Ordinance.

TO BE COMPLETED BY CLERK						
Date filed with municipal clerk	Date reported to Council	Date license granted	License number issued: Pawnbroker: # Secondhand Article Dealer: # Secondhand Jewelry, Precious Metals & Gems: # Mall/Flea Market: # Customer # ///60			

## 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".

	STEPHANIE	IVNNKNOLL - Remark		
Manager/Person in Charge:	(FIRST, FULL A	MIDDLE NAME. LAST)		
Home Address:	966 16 1/4 ST SE, ROCHESTER MN 55904 (STREET ADDRESS, CITY, STATE & ZIP)			
	(STREET ADDRESS, CITY, STATE & ZIP)	- Douting Phone: 609 781 1788		
Date of Birth:	Home Phone: <u>507-421-026</u>	Daytime Phone: <u>608-781-1788</u>		
Violations:				
•••				
Title: General Manau	CFIRST, FULL	MRANI		
100	(FIRST, FULL	DES PLATUES TI 60016		
Home Address:	(STREET ADDRESS, CITY, STATE & ZIP)	, DES PLAINES IL 60016		
Date of Birth:		- 4406 Daytime Phone: 608 - 781 - 178		
		N F. PORTER		
Title: District Man	(FIRST, FULL	N F. PORTER		
Home Address: 2943	JDAHO AVE. N. C	RYSTAL, MN 55427		
	(STREET ADURESS, CITY, STATE & ZIP)			
Date of Birth:	Home Phone:	Daytime Phone:		
Violations:				
<del></del>				
Title:				
	(FIRST, FULL	MIDDLE NAME, LAST)		
Home Address:	(STREET ADDRESS, CITY, STATE & ZIP)			
		Daytime Phone:		
Date of Birth:	Home Phone			
Violations:				
		······································		
Title:				
	(FIRST, FULL	L MIDDLE NAME, LAST)		
Home Address:	(STREET ADDRESS, CITY, STATE & ZIP)			
Data of Pirth:		Daytime Phone:		
Date of Birth:				
Violations:				