



City of La Crosse, Wisconsin

APPLICATION FOR PAWNBROKER, SECONDHAND DEALER OR MALL/FLEA MARKET LICENSE

Check One: New Renewal For the license period 7/1/2021 to 6/30/2022 Fee: \$ 125.00


License Class: Pawnbroker Secondhand Article Secondhand Jewelry, Precious Metals & Gems Mall/ Flea Market

BUSINESS INFORMATION			
Legal/Real Name: URBAN CONNECTIONS LLC	Wisconsin Seller Permit: <small>(Must be issued in the name of the business)</small>		
Address of Above: Street 1200 CALEDONIA ST	City LA CROSSE	State WI	Zip Code 54603
If licensed in another Wisconsin Municipality: Issuing Municipality:		<i>If the principal place of business is within the City, a license is required.</i> License Period:	
PREMISES INFORMATION <small>A separate license shall be obtained for each individual premise from which the business is operated.</small>			
Trade Name of Business: WRENCH & ROLL COLLECTIVE			
Address of premises to be Licensed: 1200 CALEDONIA ST		Business Phone Number: (608) 406-2261	
Premises are Owned By: PK INVESTMENTS LLC CFM Tinmen Holdings, LLC			
Address of Owner: Street PO BOX 714 PO BOX 77	City LA CROSSE WINONA	State WI MN	Zip Code 54602-0714 55987
Terms of Lease: <i>(if applicable)</i>			
OFF-SITE STORAGE FACILITY INFORMATION			
Address of Facility:			
Premises are Owned By:			
Address of Owner: Street	City	State	Zip Code
Terms of Lease: <i>(if applicable)</i>			



- 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**.
- **ATTACH BOND** in the amount of \$2,500 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.
- **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.

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 Applicant

5/27/2021

 Date

OFFICE USE ONLY			
Signature:	Date:	Granted:	License #:

Legal/Real Name: URBAN CONNECTIONS LLC	Trade Name: WRENCH & ROLL COLLECTIVE
Premise Address: 1200 CALEDONIA ST	Business ID: 002062-2019
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Personal Data Sheet for Officers/Members/Directors/Agents/Managers

Name: First					Middle					Last									
MATTHEW					JOHN					CHRISTEN									
Home Address: Street					City					State					Zip Code				
1355 CALEDONIA ST 917 AVON ST					LA CROSSE					WI					54603				
Phone Number:					Email:					Date of Birth: (mm/dd/yyyy)									
					WRENCHANROLL@GMAIL.COM														
Name: First					Middle					Last									
Home Address: Street					City					State					Zip Code				
Phone Number:					Email:					Date of Birth: (mm/dd/yyyy)									
Name: First					Middle					Last									
Home Address: Street					City					State					Zip Code				
Phone Number:					Email:					Date of Birth: (mm/dd/yyyy)									
Name: First					Middle					Last									
Home Address: Street					City					State					Zip Code				
Phone Number:					Email:					Date of Birth: (mm/dd/yyyy)									
Name: First					Middle					Last									
Home Address: Street					City					State					Zip Code				
Phone Number:					Email:					Date of Birth: (mm/dd/yyyy)									

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