

New:
Renewal:

License Fee: \$27.50
Receipt #: 145072

COPY

**APPLICATION FOR
PAWNBROKER, SECONDHAND ARTICLE DEALER,
SECONDHAND JEWELRY DEALER AND MALL/FLEA MARKET
LICENSE**

<input type="checkbox"/> Pawnbroker \$210.00 (Bond)	<input checked="" type="checkbox"/> Secondhand Article \$27.50	<input type="checkbox"/> Secondhand Jewelry \$30.00	<input type="checkbox"/> Mall/Flea Market \$165.00 (2 yrs)
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Real/Legal Name of Applicant: Debra K Heiden

Business Name & Address: Debra's Resale
614 Main St
La Crosse WI 54601

La Crosse Business Address (If different from address at left):

Business Telephone Number: 608-498-9719

Owner's Name & Address: Debra K Heiden
612 Harvey St
La Crosse WI 54603

Owner's Telephone Number: 608-498-9719

Manager's Name & Address: same as owner

Manager's Telephone Number: _____

Building Owner's Name & Address: Joanne Krome
619 W Decker St
Viroqua, WI 54605

Building owner's Telephone Number: 608-479-1776

License Period: _____

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. Stats.

The above hereby makes application for the above license at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article XVII of the Code of Ordinances for the City of La Crosse.

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.

Debra K Heiden
(Signature of Applicant and Date)

****THE ATTACHED PERSONAL DATA SHEET MUST BE COMPLETED****

OFFICE USE ONLY:
Customer #: _____ Granted: _____ License #: _____

PERSONAL DATA SHEET
(PLEASE PRINT ALL INFORMATION)

COPY

Each Officer 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".

Name of Manager/Person in Charge: Heiden Debra Kay
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: 612 HARVEY ST. LA CROSSE WI 54603
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: 608-498-9719 Daytime Phone: 608-498-9719

Violations: NONE

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

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

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

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

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

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

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

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

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

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

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

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

Violations: _____