

New: X  
Renewal: \_\_\_\_\_

License Fee: \$27.50  
Receipt #: 145876

**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: Matthew Christen

Business Name & Address: Urban Connections, LLC DBA Wrench& Roll Collective La Crosse Business Address (if different from address at left):  
1355 Caledonia St., La Crosse, WI 54603

Business Telephone Number: 608-406-2261

Owner's Name & Address: Matthew Christen  
308 14th Ave South, Onalaska, WI 54650

Owner's Telephone Number: 608-317-4187

Manager's Name & Address: Matthew Christen

Manager's Telephone Number: 608-317-4187

Building Owner's Name & Address: RK Investments, LLC PO Box 714, La Crosse, WI 54602-0714

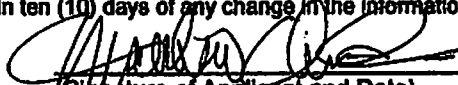
Building owner's Telephone Number: 608-317-9198

License Period: May 1, 2017 to June 30, 2017

I understand that this license may be denied or revoked for fraud, misrepresentation or false statement on this 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.

 3/2/17  
(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)**

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:** Christen, Matthew John  
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: 308 14th Ave South, Onalaska, WI 54650  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: 608-317-4187 Daytime Phone: 608-406-2261

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: \_\_\_\_\_