

New:
Renewal: X

License Fee: \$27.50
Receipt #: 147205

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

_____ Pawnbroker	<u> X </u>	Secondhand Article	_____ Secondhand Jewelry	_____ Mall/Flea Market
\$210.00		\$27.50	\$30.00	\$165.00 (2 yrs)
(Bond required)				

Real/Legal name of Applicant: GAMING GENERATIONS INC
Wisconsin Seller's Permit #: 456-0003299830-02

Business name & address: GAMING GENERATIONS
40 COPELAND AVE
SUITE 40
LA CROSSE WI 54603
La Crosse business address: (if different from address at left)

Business telephone number: 608-788-5588

Owner's name & address: EVAN ALEXANDER MAU
1217 POPLAR ST
LA CRESCENT MN 55947

Owner's telephone number: 507-459-4499

Manager's name & address: EVAN ALEXANDER MAU
1217 POPLAR ST
LA CRESCENT MN 55947

Manager's telephone number: 507-459-4499

Building owner's name & address: Three Sixty Real Estate Solutions
1243 Badger St.
La Crosse, WI 54601

Building owner's telephone number: 608-782-7368

License Period: April 14, 2017 to June 30, 2017

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. 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.

Evan A. MAU
(Signature of Applicant and Date)

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

OFFICE USE ONLY:

Customer #: 114108

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: MAU, EVAN ALEXANDER
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: 1217 POPLAR ST, LA CRESCENT MN 55947
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: 507-459-4499 Daytime Phone: _____

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: _____