

125.00 J
250.00 M

Fee: \$ 375.00

Invoice No. _____

NEW
 RENEWAL

CITY OF LA CROSSE
APPLICATION FOR
PAWNBROKER, SECONDHAND DEALER OR
MALL/FLEA MARKET
(Ch. 10, Article XVII)

For the license period beginning July 14th, 2017 2017 ;
ending June 30 2018 .

To the Honorable Mayor, Common Council, City Clerk and Chief of Police of the City of La Crosse:

The undersigned hereby makes application for:

- Pawnbroker
- Secondhand Article
- Secondhand Jewelry, Precious Metals & Gems
- Mall Flea Market

Secondhand Article

| | |
|--|--|
| BUSINESS NAME <i>(Real/Legal Name of Applicant)</i> | The <u>Antique Center of LaCrosse, Ltd.</u> |
| BUSINESS ADDRESS | <u>110 South 3rd St. LaCrosse, WI 54601</u> |
| BUSINESS TELEPHONE | <u>608-782-6533</u> |
| TRADE NAME | <u>same</u> |

*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.

| | |
|--|--------------------------|
| WISCONSIN SELLER PERMIT <i>(Must be issued in name of business)</i> | <u>456-0000581155-03</u> |
|--|--------------------------|

| | |
|---|--|
| PREMISE ADDRESS <i>(Where business is being conducted)</i> | <u>110 South 3rd St. LaCrosse, WI 54601</u> |
| PROPERTY/BUILDING OWNER <i>(name, address, telephone)</i> | <u>Carl & Marcelle Schneider 108 4th Street Eureka, CA 95501</u> |
| TERMS OF LEASE, if applicable | |

*A separate license shall be obtained for each individual premise from which the business is operated.

| | |
|--|------------|
| ADDRESS OF ANY OFF-SITE STORAGE FACILITY | <u>N/A</u> |
| PROPERTY/BUILDING OWNER <i>(name, address, telephone)</i> | |
| TERMS OF LEASE, if applicable | |

If licensed in another Wisconsin Municipality:

| | |
|----------------------|------------|
| Issuing Municipality | <u>N/A</u> |
| License Period | |

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

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.

NA 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

Scott C. [Signature]

DATE

6/28/17

APPROVAL OF MUNICIPAL AUTHORITY

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

APPROVED DENIED

Signature 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: # _____ |
|---------------------------------|--------------------------|----------------------|---|

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".

Manager/Person in Charge: Lois Jean McElhiney
(FIRST, FULL MIDDLE NAME, LAST)
Home Address: 415 King St. Apt. 501 LaCrosse, WI 54601
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: Home Phone: 608-519-5911 Daytime Phone: 608-792-4977
Violations: none

Title: Vice President Kim Joseph Holmes
(FIRST, FULL MIDDLE NAME, LAST)
Home Address: 502 Main St. Hokah, MN 55941
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: Home Phone: 507-894-4670 Daytime Phone: 608-769-5005
Violations: none

Title: Secretary Naita Joan Vogel
(FIRST, FULL MIDDLE NAME, LAST)
Home Address: 176 W. 7th St. Winona, MN 55987
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: Home Phone: 507-450-8635 Daytime Phone: 507-450-8635
Violations: none

Title: Treasurer Scott Clifford Manthe
(FIRST, FULL MIDDLE NAME, LAST)
Home Address: 813 S. 17th St. La Crosse, Wis. 54601
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: Home Phone: 784-2057 Daytime Phone: 608-782-6533
Violations: None

Title: member Henry Roger Vogel
(FIRST, FULL MIDDLE NAME, LAST)
Home Address: 176 W. 7th St. Winona, MN 55987
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: Home Phone: 507-454-3288 Daytime Phone: 507-454-3288
Violations: none

PERSONAL DATA SHEET
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member
Manager/Person in Charge: Karen Joean Devine
(FIRST, FULL MIDDLE NAME, LAST)
Home Address: 420 South 5th Ave Apt. 407, LaCrosse, WI 54601
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: _____ Home Phone: 608-792-9230 Daytime Phone: 608-792-9230
Violations: none

member Kim Robert Colkins
(FIRST, FULL MIDDLE NAME, LAST)
Home Address: 1206 Harvest Circle Holmen, WI 54636
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: _____ Home Phone: 612-812-2346 Daytime Phone: 612-812-2346
Violations: failure to file withholding & Fica forms

member Ann Ritchie Nelson
(FIRST, FULL MIDDLE NAME, LAST)
Home Address: 2925 Holly Place LaCrosse WI 54601
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: _____ Home Phone: 608 788-1099 Daytime Phone: 608 792 6759
Violations: None

member David Lee Nelson
(FIRST, FULL MIDDLE NAME, LAST)
Home Address: 2925 Holly Place LaCrosse WI 54601
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: _____ Home Phone: 608 788-1099 Daytime Phone: 608 792 6719
Violations: None

Title: _____
(FIRST, FULL MIDDLE NAME, LAST)
Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)
Date of Birth: _____ Home Phone: _____ Daytime Phone: _____
Violations: _____