



City of La Crosse, Wisconsin

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

Check One: New Renewal For the license period 7/1/2022 to 6/30/2023 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: <i>(Must be issued in the name of the business)</i>	
Address of Above: Street 1200 CALEDONIA ST	City LA CROSSE	State WI	Zip Code 54603
If licensed in another Wisconsin Municipality: Issuing Municipality:		If the principal place of business is within the City, a license is required. License Period:	
PREMISES INFORMATION <i>A separate license shall be obtained for each individual premise from which the business is operated.</i>			
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 Tinmen² LLC <i>Holdings</i> Tinmen² Holdings, LLC			
Address of Owner: Street PO BOX 714 374 E 2ND ST, WINONA, MN		City LA CROSSE	State WI
Zip Code 54602-0714		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>	

Legal/Real Name: URBAN CONNECTIONS LLC	Trade Name: WRENCH & ROLL COLLECTIVE	
Premise Address: 1200 CALEDONIA ST	Business ID: 002062-2019	Page: 1

Personal Data Sheet for Officers/Members/Directors/Agents/Managers

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