

NEW  
 RENEWAL

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

Fee: \$ 125.00  
Invoice No. 151148

For the license period beginning Sept 15 20 17 ;  
ending June 30 20 18 .

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

BUSINESS NAME <i>(Real/Legal Name of Applicant)</i>	Suzanne K. Bassette
BUSINESS ADDRESS	719 State Street, La Crosse, WI 54601
BUSINESS TELEPHONE	(608) 519-5672 or (608) 385-7105
TRADE NAME	Spirited Mind Treasure & Variety Shoppe LLC

*\*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>	456-1029432923-02
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PREMISE ADDRESS <i>(Where business is being conducted)</i>	719 State Street, La Crosse, WI 54601
PROPERTY/BUILDING OWNER <i>(name, address, telephone)</i>	James Harding J&K Properties, PO Box 226, Stoddard, WI 54658 // (608) 780-1924
TERMS OF LEASE, if applicable	12 months

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

ADDRESS OF ANY OFF-SITE STORAGE FACILITY	Not Applicable
PROPERTY/BUILDING OWNER <i>(name, address, telephone)</i>	Not Applicable
TERMS OF LEASE, if applicable	Not Applicable

If licensed in another Wisconsin Municipality:

Issuing Municipality	Not Applicable
License Period	Not Applicable

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

SUB 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.

SUB 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.

N/A 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.

SUB 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 Margaret Bissette DATE 8/22/17

**APPROVAL OF MUNICIPAL AUTHORITY**

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

APPROVED [ ] DENIED

[Signature] Signature of Police Department Representative DATE 08/30/2017

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: # <u>—</u> Secondhand Article Dealer: # <u>9</u> Secondhand Jewelry, Precious Metals & Gems: # <u>—</u> Mall/Flea Market: # <u>—</u> CUSTOMER # <u>190608</u>

**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:** Suzanne Kathleen Bassette  
(FIRST, FULL MIDDLE NAME, LAST)

Home Address: 1917 Liberty Street, La Crosse, WI 54603  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: 608-385-7105 Daytime Phone: 608-385-7105

Violations: None

**Title:** \_\_\_\_\_  
(FIRST, FULL MIDDLE NAME, LAST)

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

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Violations: \_\_\_\_\_

**Title:** \_\_\_\_\_  
(FIRST, FULL MIDDLE NAME, LAST)

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

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Violations: \_\_\_\_\_

**Title:** \_\_\_\_\_  
(FIRST, FULL MIDDLE NAME, LAST)

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

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Violations: \_\_\_\_\_

**Title:** \_\_\_\_\_  
(FIRST, FULL MIDDLE NAME, LAST)

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

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Violations: \_\_\_\_\_