

New:   
Renewal:

License Fee: \$ 57.50  
Receipt #: 133199

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

**COPY**

<input type="checkbox"/> Pawnbroker \$210.00	<input checked="" type="checkbox"/> Secondhand Article \$27.50	<input checked="" type="checkbox"/> Secondhand Jewelry \$30.00	<input type="checkbox"/> Mall/Flea Market \$165.00 (2 yrs)
<u>(Bond required)</u>			

Real/Legal name of Applicant: Debra K Heiden  
Wisconsin Seller's Permit #: 456-1021954271-03

Business name & address: Debo's Resale  
7210 S. 7th St  
La Crosse WI 54601

La Crosse business address:  
(If different from address at left)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business telephone number: 608-498-9719

Owner's name & address: Debra K. Heiden  
612 HARVEY ST.  
La Crosse WI 54603

Owner's telephone number: 608-498-9719

> mail license here renewal

Manager's name & address: Same

Manager's telephone number: \_\_\_\_\_

Building owner's name & address: Edward Bakalars  
724 S 7th  
La Crosse WI 54601

Building owner's telephone number: 608-784-4780

License Period: March 11, 2016 - June 30, 2016

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. 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.

Debra K Heiden  
(Signature of Applicant and Date)

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

OFFICE USE ONLY  
Granted: \_\_\_\_\_ Munis Customer #: \_\_\_\_\_ 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".

**COPY**

Name of Manager/Person in Charge: Heiden Debra Kay  
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: 1012 Harvey St La Crosse WI 54603  
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: \_\_\_\_\_ Home Phone: 608-579-3077 Daytime Phone: 608-498-9719

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: \_\_\_\_\_