

New: X
Renewal: _____

License Fee: \$27.50
Receipt #: 119070

APPLICATION FOR
PAWNBROKER, SECONDHAND ARTICLE/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: Robert Sells - The Golden Possum
Wisconsin Seller's Permit #: _____

Business name & address:

1120 Gillette St.
LaCrosse, WI 54603

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

Business telephone number:

608-385-3769 (Bus's cell)

Owner's name & address:

Robert Sells
2206 Loomis St
LaCrosse, WI 54603
608-385-3769

Owner's telephone number:

Manager's name & address:

Robert Sells
2206 Loomis St
LaCrosse WI
608-385-3769

Manager's telephone number:

Building owner's name & address:

Robert J. Maulen & Co
2206 Loomis St
LaCrosse, WI 54603

Building owner's telephone number:

License Period:

Aug 15th, 2014 to June 30th, 2015

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.

Robert J. Sells
(Signature of Applicant and Date)

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

OFFICE USE ONLY

Granted: 8/14/14 Munis Customer #: 7884 License #: 9

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: Sells Robert B
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: 2206 Coombs St. LA Crosse WI 54603
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: 608-385-3764 Daytime Phone: 608-385-3769

Violations: _____

Name of Officer: Same
(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: _____