

[] NEW
[★] RENEWAL

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

Fee: \$125.00

Invoice No. 147621

For the license period beginning JULY 1st 20 17 ;
ending JUNE 30th 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>	STERLING, INC
BUSINESS ADDRESS	375 GHENT RD AKRON OH 44333 330-665-6564
BUSINESS TELEPHONE	608-781-1788
TRADE NAME	KAY JEWELERS #0165

**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>	
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PREMISE ADDRESS <i>(Where business is being conducted)</i>	3800 STATE ROAD, SUITE 125 LA CROSSE WI 54601
PROPERTY/BUILDING OWNER <i>(name, address, telephone)</i>	PREIT 200 SOUTH BROAD ST PHILADELPHIA PA 19102-3803 866-875-0700
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	
PROPERTY/BUILDING OWNER <i>(name, address, telephone)</i>	
TERMS OF LEASE, if applicable	

If licensed in another Wisconsin Municipality:

Issuing Municipality	
License Period	

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

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: STEPHANIE LYNN KNOLL - Remove
(FIRST, FULL MIDDLE NAME, LAST)

Home Address: 966 16 1/2 ST SE, ROCHESTER MN 55904
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: 507-421-0267 Daytime Phone: 608-781-1788

Violations: _____

Title: General Manager SADAF UMRANI
(FIRST, FULL MIDDLE NAME, LAST)

Home Address: 190 GROVE AVE., UNIT A, DES PLAINES, IL 60016
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: 312-447-4406 Daytime Phone: 608-781-1788

Violations: _____

Title: District Manager CALVIN F. PORTER
(FIRST, FULL MIDDLE NAME, LAST)

Home Address: 2942 IDAHO AVE. N. CRYSTAL, MN 55427
(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: _____