



City of La Crosse, Wisconsin

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

Check One: New Renewal For the license period 7/1/2021 to 6/30/2022 Fee: \$ 125.00

License Class: Pawnbroker Secondhand Article Secondhand Jewelry, Precious Metals & Gems Mall/ Flea Market

BUSINESS INFORMATION			
Legal/Real Name: ANTIQUÉ CENTER OF LA CROSSE LTD		Wisconsin Seller Permit: <small>(Must be issued in the name of the business)</small> 456-0000581155-03	
Address of Above: Street 110 3RD ST S	City LA CROSSE	State WI	Zip Code 54601
If licensed in another Wisconsin Municipality: Issuing Municipality:		<i>If the principal place of business is within the City, a license is required.</i> 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: ANTIQUÉ CENTER OF LA CROSSE			
Address of premises to be Licensed: 110 3RD ST S		Business Phone Number: (608) 782-6533	
Premises are Owned By: WESTERN PACIFIC PARTNERS			
Address of Owner: Street 110 3RD ST S	City LA CROSSE	State WI	Zip Code 54601
Terms of Lease: (if applicable)			
OFF-SITE STORAGE FACILITY INFORMATION			
Address of Facility:			
Premises are Owned By:			
Address of Owner: Street	City	State	Zip Code
Terms of Lease: (if applicable)			

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- 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**.
- 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.
- 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.
- 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.
- 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



Date

OFFICE USE ONLY			
Signature:	Date:	Granted:	License #:



City of La Crosse, Wisconsin

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

Check One: New Renewal For the license period 7/1/2021 to 6/30/2022 Fee: \$ 250.00

License Class: Pawnbroker Secondhand Article Secondhand Jewelry, Precious Metals & Gems Mall/ Flea Market

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Premises are Owned By: WESTERN PACIFIC PARTNERS			
Address of Owner: Street 110 3RD ST S	City LA CROSSE	State WI	Zip Code 54601
Terms of Lease: (if applicable)			
OFF-SITE STORAGE FACILITY INFORMATION			
Address of Facility:			
Premises are Owned By:			
Address of Owner: Street	City	State	Zip Code
Terms of Lease: (if applicable)			

22794

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Signature of Applicant



Date

OFFICE USE ONLY			
Signature:	Date:	Granted:	License #:

Legal/Real Name: ANTIQUÉ CENTER OF LA CROSSE LTD	Trade Name: ANTIQUÉ CENTER OF LA CROSSE		
Premise Address: 110 3RD ST S	Business ID: 002163-2019	Page: 1	

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

Name: First KIM		Middle ROBERT	Last CALKINS	
Home Address: Street 1206 HARVEST CIR		City HOLMEN	State WI	Zip Code 54636
Phone Number: (612) 812-2346	Email:		Date of Birth: (mm/dd/yyyy) [REDACTED]	
Name: First KIM		Middle JOSEPH	Last HOLMES	
Home Address: Street 502 MAIN ST		City HOKAH	State MN	Zip Code 55941
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy) [REDACTED]	
Name: First LOIS		Middle JEAN	Last MCELHINEY	
Home Address: Street 415 KING ST 501		City LA CROSSE	State WI	Zip Code 54601
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy) [REDACTED]	
Name: First SCOTT		Middle CLIFFORD	Last MANTHE	
Home Address: Street 813 17TH ST S		City LA CROSSE	State WI	Zip Code 54601
Phone Number: (608) 784-2057	Email:		Date of Birth: (mm/dd/yyyy) [REDACTED]	
Name: First HENRY		Middle ROGER	Last VOGEL	
Home Address: Street 176 W 7TH ST		City WINONA	State MN	Zip Code 55987
Phone Number: (507) 454-3288	Email:		Date of Birth: (mm/dd/yyyy) [REDACTED]	
Name: First NAITA		Middle JOAN	Last VOGEL	
Home Address: Street 176 W 7TH ST		City WINONA	State MN	Zip Code 55987
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy) [REDACTED]	

Legal/Real Name: ANTIQUE CENTER OF LA CROSSE LTD	Trade Name: ANTIQUE CENTER OF LA CROSSE		
Premise Address: 110 3RD ST S	Business ID: 002163-2019	Page: 2	

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

Name: First		Middle	Last	
KAREN		JOEAN	DEVINE	
Home Address: Street		City	State	Zip Code
420 5TH AVE S 407		LA CROSSE	WI	54601
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy)	
(608) 792-9230			[REDACTED]	
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)	
Name: First		Middle	Last	
Home Address: Street		City	State	Zip Code
Phone Number:	Email:		Date of Birth: (mm/dd/yyyy)	