[ ] NEW
[X] RENEWAL

Fee: $ 125

Invoice No. _____

CITY OF LA CROSSE
APPLICATION FOR PAWNBROKER, SECONDHAND DEALER OR MALL/FLEA MARKET

(Ch. 10, Article XVII)

For the license period beginning July 1 20 23;
ending June 30 20 24.

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 [X] Secondhand Article [ ] Secondhand Jewelry, Precious Metals & Gems [ ] Mall/ Flea Market

BUSINESS NAME *(Real/Legal Name of Applicant)*	[redacted] PIAS LAX LLC Robert Colin Smith
BUSINESS ADDRESS	4400 State Road 16 Suite 130 La Crosse, WI 54601
BUSINESS TELEPHONE	608 784 4949
TRADE NAME	Play It Again Sports

**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 *(Must be issued in name of business)*	456-1031284901-04

PREMISE ADDRESS *(Where business is being conducted)*	Same as above
PROPERTY/BUILDING OWNER *(name, address, telephone)*	Christopher Francy Revocable Living Trust + David Witzling
TERMS OF LEASE, if applicable	5 years March '23 - March '28

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

ADDRESS OF ANY OFF-SITE STORAGE FACILITY	N/A
PROPERTY/BUILDING OWNER *(name, address, telephone)*	N/A
TERMS OF LEASE, if applicable	N/A

If licensed in another Wisconsin Municipality:

Issuing Municipality	N/A
License Period	N/A

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

✓ 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.

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.

✓ 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 5/22/23

APPROVAL OF MUNICIPAL AUTHORITY

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

[ ] APPROVED [ ] DENIED

_____ _____

Signature of Police Department Representative Date

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: #_____ Secondhand Article Dealer: #_____ Secondhand Jewelry, Precious Metals & Gems: #_____ Mall/Flea Market: #_____

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: owner Robert Colin Smith
(FIRST, FULL MIDDLE NAME, LAST)

Home Address: N222 H Wehrs Rd Stoddard, WI 54658
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: [redacted] Home Phone: — Daytime Phone: 608.386.4259

Violations: None

Title: Manager Dennis Edward Beeker
(FIRST, FULL MIDDLE NAME, LAST)

Home Address: 516 Division St. LaCrosse, WI 54601
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: [redacted] Home Phone: — Daytime Phone: 507.497.4973

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: ______