



CITY OF SOUTH MILWAUKEE
2424 15TH AVENUE
SOUTH MILWAUKEE, WI 53172
Tel: 414-762-2222

OFFICE USE ONLY	
DATE RECEIVED:	_____
DATE TO PD:	_____
DATE TO CC:	_____
License # Issued:	_____

SECONDHAND ARTICLE DEALER \$ 140.00 WI SELLER'S PERMIT #: _____
• Background Check per person (in state) \$ 7.00
• Background Check per person (out of state) \$ 14.00 FEDERAL TAX ID (FEIN): _____

NAME OF APPLICANT: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

TYPE OF BUSINESS:

- Sole Proprietorship
- Partnership
- Corporation/State incorporatated: _____
- Limited Liability Co. / State registered: _____

LOCATION OF BUSINESS: _____

NAME AND COMPLETE ADDRESS OF ALL PARTNERS, CORPORATE OFFICERS OR MEMBERS:

NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ DOB/PLACE OF BIRTH: _____

NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ DOB/PLACE OF BIRTH: _____

NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ DOB/PLACE OF BIRTH: _____

BUSINESS AGENT'S NAME & HOME ADDRESS:

NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ DOB/PLACE OF BIRTH: _____

NUMBER OF YEARS AT THIS ADDRESS: _____ PREVIOUS NAME: _____
ADDRESSES FOR PREVIOUS 10 YEARS: _____
DRIVER'S LICENSE: _____ PHONE NUMBER: _____

Has the applicant (officers/members/partners) been convicted within the preceding 10 years of a felony or within the preceding 10 years of a misdemeanor, statutory violation punishable by forfeiture or county or municipal ordinance violation in which the circumstances of the felony, misdemeanor or other offense substantially related to the circumstances of the licensed activity?

- YES
- NO

If yes, what was the nature and date of the offense and the penalty assessed: _____

Has the manager/agent/person in charge been convicted within the preceding 10 years of a felony or within the preceding 10 years of a misdemeanor, statutory violation punishable by forfeiture or county or municipal ordinance violation in which the circumstances of the felony, misdemeanor or other offense substantially related to the circumstances of the licensed activity?

- YES
- NO

If yes, what was the nature and date of the offense and the penalty assessed: _____

Has any of the above ever used or been known by a name other than the applicant's name?

- YES
- NO

If yes, list the name or names used and information concerning dates and places used: _____

Has any of the above persons previously been denied or had revoked or suspended a pawnbroker, secondhand article dealer, or secondhand jewelry license from any other governmental unit in the State of Wisconsin?

- YES
- NO

(APPLICATION CONTINUES ON REVERSE SIDE)

(CONTINUED)

If yes, list the date, location, and reason for action: _____

Signature of License Applicant/Agent

Date

SOUTH MILWAUKEE POLICE DEPARTMENT

The South Milwaukee Police Department has conducted a review of Police Reports/Records of said applicant(s) for a Secondhand Dealers and Secondhand Jewelry Dealers License for the current license period and hereby recommends that the applicant be:

- Approved
- Denied
- Reviewed

Reasons: _____

Records searched by: _____

T.A.G.G. Supervisor: _____

Chief of Police: _____
