



Include a copy of:

- Driver License or Photo ID
- 2x2 color photo less than 1 year old

**OFFICE OF THE CITY CLERK**

300 East Main Street  
 Sun Prairie, WI 53590-2227  
 OFFICE (608) 837-2511  
 FAX (608) 825-6879  
 Website [www.cityofsunprairie.com](http://www.cityofsunprairie.com)

**2<sup>nd</sup> HAND DEALER – APPLICANT INFORMATION**

APPLICANT'S LAST NAME:			APPLICANT'S FIRST NAME:			MIDDLE INITIAL	OTHER NAMES USED / MAIDEN NAME
SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BIRTHDATE	APPLICANTS DRIVERS LICENSE - STATE AND NUMBER	
CURRENT RESIDENCE ADDRESS - PERMANENT						ARE YOU A WISCONSIN RESIDENT?	
STREET						<input type="checkbox"/> No <input type="checkbox"/> Yes - IF YES, HOW LONG? _____  If "no" please list the state that you are a permanent resident of, and how long you have been a resident there.  _____ _____	
CITY							
STATE / ZIP							
HOME PHONE NUMBER			CELL PHONE NUMBER			EMAIL ADDRESS	

**LIST OFFENSES FOR WHICH YOU HAVE BEEN CHARGE OR CONVICTED IN THE PAST TEN (10) YEARS:**

Also, include offenses for which you have been released from prison or parole in the past ten years. This includes but is not limited to any felony, misdemeanor, or ordinance violations involving alcohol or drugs, and any other traffic, licensing offenses and/or civil forfeiture violation from this or any other state, county or municipality.

**If you have none, Initial Here \_\_\_\_\_**

DATE OR MONTH AND YEAR	NATURE OF CHARGES	JURISDICTION WHERE CHARGED (City/State/County if known)	INDICATE IF CHARGE IS -PENDING -CONVICTED -RESOLVED

**LIST DATES AND PLACES OF RESIDENCE FOR THE PAST 10 YEARS:**

**If you have not lived anywhere else besides your current address in the last 10 years, Initial Here \_\_\_\_\_**

DATE	ADDRESS	CITY/STATE

**Please include a copy of your driver's license or state issued identification card with the application and required fees.**

# PAWN BROKER, SECONDHAND JEWELRY DEALER, OR SECONDHAND ARTICLE DEALER LICENSE APPLICATION

Are you an agent for this establishment?.....  Yes  No

Are you an officer/member for this establishment?.....  Yes  No

Name of employer/business/organization you are an agent/officer/member of? \_\_\_\_\_

Do you hold, are you making application for or are you an officer, director, member, agent or employee of a corporation/organization/limited liability company, partnership or proprietor holding or applying for any other license for pawnbroker, secondhand jewelry dealer, secondhand article dealer, or secondhand article dealer mall/flea market permit/license in another municipality? .....  Yes  No

If yes, please identify \_\_\_\_\_

Have you ever had an Establishment License suspended, revoked or denied in this or any other municipality?.....  Yes  No

If yes, please identify \_\_\_\_\_

**TO: CITY COUNCIL OF THE CITY OF SUN PRAIRIE, WISCONSIN,**

I hereby apply for a Pawn Broker, Secondhand Jewelry Dealer, or Secondhand Article Dealer License to sell secondhand merchandise, from date approved to December 31, of the licensing year applied for, inclusive unless sooner revoked, subject to the limitations imposed by the Wisconsin Statutes and City Ordinances and all acts amendatory thereof and supplementary thereto. And I hereby agree to comply with all laws, Resolutions, Ordinances and Regulations, Federal, State, or Local affecting the sale of such merchandise if a license is granted to me. ....  Yes  No

I certify that I am over the age of eighteen (18), and that the completed statements are true and correct.....  Yes  No

Did you read the Licensing Guidelines, and understand that if this license is not issued, fees that have been paid will not be refunded. ....  Yes  No

I also authorize a review of and full disclosure of any and all records, files and reports, which include any police contact as well as arrests. ....  Yes  No

Did you provide a copy of your driver's license or state issued identification card? .....  Yes  No

Call or  Email me I will pick up my license when it is ready

\_\_\_\_\_  
Signature Date

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**OFFICE USE -** Application accepted by MS / AL / EH / \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

In regards to the issuance of this license, the Sun Prairie Police Department:

- \_\_\_\_\_ has no objection.
- \_\_\_\_\_ does have an objection which is detailed, with a recommendation, in the attached report.
- \_\_\_\_\_ recommends further review and consideration for action by the city attorney with a report to follow due to the following: \_\_\_\_\_

\_\_\_\_\_  
Signature of Police Chief or his/her designee DATE