



**IF INCORPORATED, PARTNERSHIP, OR LLC LIST THE STATE AND ALL NAMES AND ADDRESSES OF OFFICERS AND DIRECTORS:**

Name Title Address Phone # Cell Phone#

NAME OF MANAGER OR PROPRIETOR OF THE BUSINESS: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY LAW OF THE STATE OF WISCONSIN OR THE UNITED STATES WITHIN THE PRECEDING TEN (10) YEARS FOR A FELONY OR WITHIN TEN (10) YEARS OF ANY OTHER LAW (MISDEMEANOR, STATUTORY VIOLATION PUNISHABLE BY FORFEITURE OR COUNTY OR MUNICIPAL ORDINANCE VIOLATION IN WHICH THE CIRCUMSTANCES OF THE FELONY, MISDEMEANOR OR OTHER OFFENSE SUBSTANTIALLY RELATE TO THE CIRCUMSTANCES OF THE LICENSED ACTIVITY AND IF SO, THE NATURE AND DATE OF THE OFFENSE AND THE PENALTY ASSESSED) \_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES:

DATE OF SUCH CONVICTION \_\_\_\_\_

NAME OF COURT \_\_\_\_\_

NATURE OF OFFENSE \_\_\_\_\_

The undersigned, being first duly sworn on oath, says that he/she is the person who made and signed this application for a Secondhand License and that all statements made are true and correct. I understand that incomplete disclosure or any false statements on this application can be cause for denial of the license for which I am applying.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn before me this

\_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Wisconsin

My commission expires: \_\_\_\_\_

**Police Chief:**

POLICE CHIEF APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PLEASE ATTACH A COPY OF BACKGROUND CHECK)

For Village Use:

Date Application was received: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

Approved by:

Village Board Date: \_\_\_\_\_ Approved or Denied: \_\_\_\_\_ Lic# \_\_\_\_\_