



Every person listed under item 1 should complete a 2nd Hand Dealer – Applicant Information form.

Include a copy of:
 Wisconsin Seller's Permit

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

LICENSE APPLICATION FOR
PAWNBROKER
SECONDHAND ARTICLE DEALER,
SECONDHAND JEWELRY DEALER
SECONDHAND ARTICLE DEALER MALL/FLEA MARKET

Application is being made for a license for:

- PAWNBROKER - \$210.00
SECONDHAND JEWELRY DEALER - \$30.00
SECONDHAND ARTICLE DEALER - \$27.50
SECONDHAND ARTICLE DEALER MALL/FLEA MARKET - (2 year license) \$165.00

Fees are required at the time of application, along with a \$7 fee for a background investigation.

This application is a
 New Application
 Renewal Application

CONTACT INFORMATION

1. Name of Business:
Address
Phone Number
Seller's Permit Number
Website

Please attach a copy of your Seller's Permit

Is the business owned by:
 An individual
 A Corporation
 A Limited Liability Company
 A Partnership

If the business is a corporation, Limited Liability Company or a Partnership, when and what city/state was the documentation filed for with this status: Date

If the business is a Corporation, Limited Liability Company or a Partnership list all members.

Table with 2 columns: Office Held, First / MI / Last Name. Rows include President, Vice President, Treasurer, Secretary, Officer/Member/Other, Partner.

Please complete an Applicant Information Form for each individual and attach a copy of your Drivers License

2. Name of the
 Proprietor
 Manager
 Agent
 Proprietor (check one) of business:
Please complete an Applicant Information Form and attach a copy of your Drivers License

3. Name of Applicant:
Please complete an Applicant Information Form and attach a copy of your Drivers License

4. Please list items to be sold:

5. Please list how items will be displayed and security measures that will be used: _____

Please include any other information that maybe relevant to this application or event.

Provide written authorization from the landowner to applicant for use of the landowner's premises for this business.

Include a scaled site plan including designating entrances and exits, shelving, display area.

I certify that all information provided on this form is true and correct. I acknowledge that I may be required to obtain other permits, or licenses of the City of Sun Prairie, the County of Dane, and/or the State of Wisconsin.

Furthermore, as an officer(s) of this organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of our knowledge and belief. I am familiar with the laws, ordinances and regulations pertaining to this license for the City of Sun Prairie, the County of Dane, and the State of Wisconsin and I hereby agree, if granted said license, to obey all provisions of said laws. I hereby authorize employees of the City of Sun Prairie to obtain information and records from law enforcement agencies, or other sources, to verify the information contained in this application.

Signature

Position held in Organization

Date

Signature

Position held in Organization

Date

**DID YOU REMEMBER TO ATTACH OR PROVIDE
ANY OF THE FOLLOWING THAT MAY BE RELEVANT?**

- Written authorization from the landowner for use of the landowner's premises.
- A copy of each persons Driver's License or Photo Identification card that is listed on the application.
- Each person listed on the application has completed the Applicant Information Form.
- A copy of the seller's permit.
- Provide a building/site plan.

DO YOU NEED TO CONTACT ANY OF THE FOLLOWING DEPARTMENTS?

- | | | | |
|---|----------|--|----------|
| <input type="checkbox"/> Assistant Administrator
Insurance requirements | 825-1193 | <input type="checkbox"/> Provide Fire Services | |
| <input type="checkbox"/> Office of the City Clerk
Alcohol License Application
Fireworks Permit Application
File Transient/Temp Entertainment Application | 837-2511 | <input type="checkbox"/> Parks and Recreation
City park usage | 825-3449 |
| <input type="checkbox"/> Building Inspection
Amusement ride inspection
Any temporary/permanent structure inspection
Noise level concerns/measurements | 825-1184 | <input type="checkbox"/> Police Department
Security
Overall event activities | 837-7336 |
| <input type="checkbox"/> Emergency Medical Services
Provide Emergency Medical Services | 837-3604 | <input type="checkbox"/> Public Works Department
Barricades / Street closures | 837-3050 |
| <input type="checkbox"/> Fire Department | 837-5066 | <input type="checkbox"/> Angell Park Speedway
Angell Park usage | 837-5066 |
| | | <input type="checkbox"/> Dane County Health Department
Food service inspection | 242-6515 |

For office use only:

Date received ____/____/____ Received by: _____ Fees Paid: _____

Copies sent for review to:

- | | |
|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> City Attorney |
| <input type="checkbox"/> Building Inspection | <input type="checkbox"/> Finance Office |
| <input type="checkbox"/> Fire Department | <input type="checkbox"/> Parks and Recreation |
| <input type="checkbox"/> Planning Department | <input type="checkbox"/> Police Department |
| <input type="checkbox"/> Public Works | <input type="checkbox"/> EMS |
| <input type="checkbox"/> _____ | |

COW ____/____/____ Recommended Approval Denial

Common Council ____/____/____ Recommended Approval Denial

Pawnbroker / Secondhand Article Dealer / Secondhand Jewelry Dealer License issued

effective: ____/____/____ to 12/31/____

Secondhand Article Dealer Mall / Flea Market License issued effective: ____/____/____ to 12/31/2019

AUTHORIZATION FOR USE FROM BUILDING/PROPERTY OWNER

Name of Business making application: _____

Address _____

Applicants name: _____

Property Owners Name _____

As owner of the property located at _____

I have knowledge and give permission for this business to make application and use the above state property for a business use of

- PAWN BROKER
- SECONDHAND JEWELRY DEALER

- SECONDHAND ARTICLE DEALER
- SECONDHAND ARTICLE DEALER MALL/FLEA MARKET

Property Owners Signature _____

Date: _____