

SECOND HAND ARTICLE DEALER APPLICATION
TO THE MAYOR AND COMMON COUNCIL OF THE CITY OF WAUPACA, WI:

I HEREBY APPLY FOR A LICENSE TO DO BUSINESS AS A SECOND HAND ARTICLE
DEALER IN THE CITY OF WAUPACA, FOR A PERIOD OF ONE YEAR (1/1 - 12/31)
BEGINNING _____ AND ENDING _____.

I AGREE TO COMPLY WITH ALL LAWS, ORDINANCES AND REGULATIONS AFFECTING
THE BUSINESS AS A SECOND HAND ARTICLE DEALER IN THE SAID CITY IF A LICENSE
BE GRANTED TO ME.

NAME AND ADDRESS OF BUSINESS: _____

NAME OF OWNER OR MANAGER OF THE BUSINESS: _____
(FIRST NAME, MIDDLE INITIAL AND LAST NAME)

ADDRESS OF OWNER OR MANAGER OF BUSINESS: _____

PLACE AND DATE OF BIRTH OF OWNER OR MANAGER: _____

BUSINESS PHONE NUMBER: _____

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

HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY LAW OF THE STATE OF WISCONSIN OR
THE UNITED STATES WITHIN THE PRECEDING 10 YEARS FOR A FELONY OR WITHIN 5 YEARS
OF ANY OTHER LAW (EXCLUDING PARKING VIOLATIONS): _____

IF YES:

DATE OF SUCH CONVICTION _____

NAME OF COURT _____

NATURE OF OFFENSE _____

POLICE CHIEF APPROVAL: _____

PLEASE ATTACH A COPY OF BACKGROUND CHECK

DATE: _____

(FOR OFFICE USE ONLY)

FILED _____

APPROVED _____

FEE \$27.50 & \$12.00 (background check) _____

RECEIPT # _____

ISSUED _____

