



City Clerk's Office
 7525 W. Greenfield Ave.
 West Allis, WI 53214
 (414) 302-8220

SECONDHAND ARTICLE AND/OR JEWELRY DEALER LICENSE

- Licenses are valid during the period of July 1, 20__ to June 30, 20__
- An additional \$15/person background fee must accompany the application
- All fees are non-refundable
- Cash or check
- Revised Municipal Code 9.15 Pawn Shops, Secondhand Stores, and Secondhand Jewelry Dealers.
- Note: Pawn Dealer/Shops requires a separate application.

New** Renewal
 ARTICLE DEALER \$90 JEWELRY DEALER \$175
 ARTICLE DEALER, Charitable Organization (\$0.00)*

*Proof of 501(C)(3) Paperwork granting tax exempt status must accompany this application.

LICENSE FEE(S): \$ _____ +
BACKGROUND CHECK FEE/PERSON \$ 15 X _____ = _____

TOTAL DUE \$ _____

APPLICANT (All license information will be mailed or emailed to information provided in this section)	
Registered Business Name Corporation or LLC <i>(complete Section II)</i>	
Registered Partnership Name <i>(complete Section II)</i>	
Individual <i>(complete Section I)</i>	
Federal Employer Identification Number (FEIN)	
Address of Entity	
E-Mail Address	
Phone Number	

ABOUT THE BUSINESS:	
Business Name (d/b/a)	
Premises Address <i>(where business is being conducted)</i>	
Business Phone Number	
Types of Good Sold	

SECTION I: INDIVIDUAL

Name <i>(first, middle, last, suffix)</i>	
Address	
City and Zip	
Phone Number	
E-Mail Address	
Date of Birth	
Driver's License or State I.D.	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>

SECTION II: CORPORATION, LLC, OR PARTNERSHIP

(List names and addresses of all members)

Name of Member <i>(first, middle, last, suffix)</i>	
Address	
City and Zip	
Phone Number	
E-Mail Address	
Date of Birth	
Driver's License or State I.D.	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>

Name of Member <i>(first, middle, last, suffix)</i>	
Address	
City and Zip	
Phone Number	
E-Mail Address	
Date of Birth	
Driver's License or State I.D.	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>

Complete the following information if applicant is a national corporation and the local licensed premises is under the supervision of an area manager

Name of Member <i>(first, middle, last, suffix)</i>	
Address	
City and Zip	
Phone Number	
E-Mail Address	
Date of Birth	
Driver's License or State I.D.	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>

West Allis Police Department would like you to know that there is **no charge** to use Northeastern Wisconsin Property Report System (NEWPRS), <https://www.newprs.com>. To request access to NEWPRS or if you have additional reporting questions, please contact Crime Analyst at (414) 302-8075

I, the above names applicant, having completed the application, do hereby solemnly swear that the application is true and correct to the best of my knowledge.

DATED at _____, Wisconsin, this _____ day of _____, 20 _____.

Signature of Applicant

CLERK'S OFFICE USE							
License Number(s):	SH Article _____	SH Article Charitable _____	SH Jewelry _____				
Council:	Granted _____	Placed on File _____	Denied _____				
Inspections:	Police _____	BINS _____	<table border="1"> <tr> <td>PP</td> <td>Issued</td> </tr> <tr> <td><input type="radio"/></td> <td></td> </tr> </table>	PP	Issued	<input type="radio"/>	
PP	Issued						
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