



CITY OF BROOKFIELD
SECONDHAND PRECIOUS STONES/METALS APPLICATION

Applicant License Fee: \$200.00 Individual/Employee (over 1) Background Check Fee: \$12.00

(License valid January to December)

Instructions: *Please check one*

- Individual License (Complete Sections 1,2,6,7)
- Partnership License (Complete Sections 1,2,3,6,7)
- Limited Liability Corporation (Complete Sections 1,2,4,6,7)
- Corporate License (Complete Sections 1,2,5,6,7)

SECTION 1 – APPLICANT INFORMATION

Applicant/Proprietor Name (Last, First, MI): _____

Residence Address: _____ City, State, Zip: _____

Date of Birth: _____ Place of Birth: _____

Driver's License #: _____

SECTION 2 – BUSINESS INFORMATION

Business Name: _____ Owner/Proprietor Name: _____

Business Address: _____ City, State, Zip: _____

Business Phone #: _____ Fax #: _____ Email: _____

SECTION 3 – PARTNERSHIP INFORMATION

Partnership Name: _____

Names & Address of all members:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

(Attach additional sheets if necessary)

SECTION 4 – LIMITED LIABILITY CORPORATION

Limited Liability Corporation Name: _____

Names & Address of all members:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

(Attach additional sheets if necessary)

SECTION 5 – CORPORATION

Corporation Name: _____

Where incorporated (what state): _____

Names & Address of all officers and directors:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

(Attach additional sheets if necessary)

SECTION 6 – OFFENSE/CONVICTION RECORD

Has applicant, including an individual, agent, officer, director, member, partner, manager, or proprietor been convicted of any crime, statutory violation punishable by forfeiture, or county or municipal ordinance violation. If so, explain, or if none, write 'n/a or none'.

Date/Location: _____ Offense: _____

Disposition: _____

Date/Location: _____ Offense: _____

Disposition: _____

Date/Location: _____ Offense: _____

Disposition: _____

Has applicant, including an individual, agent, officer, director, member, partner, manager, or proprietor ever used or been known by a name other than the applicant's name. If so, list name(s) used and give information concerning dates and places used.

Name: _____ Date/Location: _____

(Attach additional sheets if necessary)

Has applicant, including an individual, agent, officer, director, member, partner, manager, or proprietor ever been denied or had revoked or suspended a pawnbroker, secondhand article dealer or secondhand jewelry dealer license from any governmental unit. If so, list date, location, and reason for the action.

Date: _____ Location: _____ Reason: _____

Date: _____ Location: _____ Reason: _____

Date: _____ Location: _____ Reason: _____

Date: _____ Location: _____ Reason: _____

READ CAREFULLY BEFORE SIGNING: I declare under penalty of law that all of the above information is true and correct to the best of my knowledge and belief. I understand that incomplete or incorrect information may lead to denial of this license.

Date: _____ Signature of Applicant: _____

SUBSCRIBED AND SWORN TO BEFORE ME

this ___ day of _____, 20__.

Notary Public/City Clerk

