



## INSTRUCTIONS FOR OBTAINING A SECONDHAND ARTICLE/JEWELRY LICENSE or MALL/FLEA MARKET LICENSE

- Complete the License Application, checking the appropriate boxes for the license for which you are applying
  - Individual or Partnership must complete Section A, B and D
  - LLC or Corporations must complete Section B, C and D
  - PLEASE ATTACH A COPY OF THE DRIVERS LICENSE FOR EACH PERSON**
- Pay license fee. The license period is January 1 to December 31. Fees are not prorated and are not transferable or refundable.
- Review Wisconsin statutes 134.71, 943.34 and 948.63 relating to Secondhand Article/Secondhand Jewelry Dealers and Mall/Flea Markets.
- A background check on all individuals, partners, and corporate members will be conducted by the Police Department, the application will be considered at the next available City Council meeting. Please attach a copy of the driver's license for each person.
- Upon approval from the Police Department the license will be mailed, provided all other requirements have been met, and there are no delinquent personal property taxes, unpaid license fees, or any other claims or judgments due and owing to the City of Eau Claire.

**Questions? Contact the Licensing Specialist at 715-839-4923 or via email at [licensing@eauclairewi.gov](mailto:licensing@eauclairewi.gov)**

- Mail or bring application with payment to:  
Licensing, City of Eau Claire  
203 S Farwell St.  
PO Box 909  
Eau Claire WI 54702-0909  
Phone: 715-839-4923  
Fax: 715-839-3889



# LICENSE APPLICATION

- ORIGINAL APPLICATION
- RENEWAL APPLICATION

- PAWNBROKER \$210 (1320)
- SECONDHAND ARTICLE \$27.50 (1321)
- SECONDHAND JEWELRY \$30 (1322)
- MALL/FLEA MARKET \$165 (1323)

DATE: \_\_\_\_\_

TOTAL LICENSE FEES: \_\_\_\_\_

## INSTRUCTIONS

INDIVIDUAL OR PARTNERSHIP: Fill out Section A, B, & D

CORPORATION OR LLC: Fill out Section B, C, & D

INDIVIDUAL OR PARTNERSHIP				
<b>A</b>	<b>INDIVIDUAL OR PARTNER</b>		<b>PARTNER</b>	
	Full Name (Last, First & Middle Initial):		Full Name (Last, First & Middle Initial):	
	Home Street Address:		Home Street Address:	
	Home City State, Zip:		Home City State, Zip:	
	Place of Birth:	Date of Birth:	Place of Birth:	Date of Birth:
	Home Phone: (    )    -		Home Phone: (    )    -	
<b>B</b>	<b>BUSINESS TRADE NAME</b>		Business Phone Number: (    )    -	
	Business Address (include City, State, Zip):			
	Mailing Address (if different from above address):			
	Building Owner:			
	Building Owner's Address:			
<b>C</b>	<b>FULL NAME OF CORPORATION OR LIMITED LIABILITY COMPANY</b>			
	<b>State of Incorporation</b>		<b>Date Incorporated</b>	
	<b>Agent</b>			
	Full Name (Last, First & Middle Initial):		Home Street Address:	
	Home Phone: (    )    -		Date of Birth:	Place of Birth:
	<b>President/Member</b>		<b>Vice President/Member</b>	
	Full Name (Last, First & Middle Initial):		Full Name (Last, First & Middle Initial):	
	Home Street Address:		Home Street Address:	
	Home City State, Zip:		Home City State, Zip:	
	Home Phone: (    )    -		Home Phone: (    )    -	
	Date of Birth:		Date of Birth:	
	Place of Birth:		Place of Birth:	

**OVER**

C Cont.	Secretary/Member	Treasurer/Member
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Street Address:	Home Street Address:
	Home City State, Zip:	Home City State, Zip:
	Home Phone: (    )    -	Home Phone: (    )    -
	Date of Birth:	Date of Birth:
	Place of Birth:	Place of Birth:

D	<p>Within the last 10 years has anyone named on this application been convicted of violating any federal or state laws or local ordinances?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    If yes, list name of person(s), date, charge, and penalty:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p><i>Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk in writing within ten (10) days of any change in the information supplied in this application. I agree, in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin, and to the provisions of the Municipal Code of Ordinances of the City of Eau Claire.</i></p> <p><i>I understand that this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application, or for any violation of ss. 134.71, 943.34, 948.63, Wis. Statutes. <b><u>PLEASE ATTACH A COPY OF YOUR DRIVERS LICENSE.</u></b></i></p> <p>Signature of Applicant: _____ Date: _____</p>

<b>FOR LAW ENFORCEMENT USE ONLY</b>	
<input type="checkbox"/> Recommend Approval	<input type="checkbox"/> Recommend Denial (Attach Explanation)
Investigating Officer Signature _____	Date _____

**Mail or bring completed form with payment to:**  
**Licensing, City of Eau Claire**  
**PO Box 909**  
**203 S. Farwell St.**  
**Eau Claire WI 54702-0909**  
**Phone: 715-839-4923**  
**Fax: 715-839-3889**

Office use only – do not write in this area  
 Surety Bond (Pawn only)

cc PD: \_\_\_\_\_ Council Date: \_\_\_\_\_