



INSTRUCTIONS FOR OBTAINING A PAWNBROKER LICENSE

- Complete the Pawnbroker License Application
 - 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.
- Provide bond of \$2,500 with not less than 2 sureties for the observation of all municipal ordinances or state or federal laws relating to pawnbrokers. The bond must be in full force and effect at all times during the term of the license.
- Review City of Eau Claire Ordinance 5.04 and Wisconsin statutes 134.71, 943.34 and 948.63 relating to Pawnbrokers.
- A background check on all individuals, partners, and corporate members will be conducted by the Police Department. Upon approval from the Police Department, the application will be considered at the next available City Council meeting. Please attach a copy of the drivers license for each person.
- If the resolution granting the license is passed by City Council, 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

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

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. <u>PLEASE ATTACH A COPY OF YOUR DRIVERS LICENSE.</u></i></p> <p>Signature of Applicant: _____ Date: _____</p>

FOR LAW ENFORCEMENT USE ONLY	
<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

<p>Office use only – do not write in this area</p> <p><input type="checkbox"/> Surety Bond (Pawn only)</p>

cc PD: _____ Council Date: _____

10/12 5.04