



LICENSE APPLICATION for

PAWNBROKER \$210; SECONDHAND ARTICLE \$27.50;
SECONDHAND JEWELRY \$30; SECONDHAND MALL/FLEA \$165
WISCONSIN STATUE 134.71

- ~INDIVIDUAL LICENSE - COMPLETE SECTIONS 1, 2, 3, 6
- ~PARTNERSHIP LICENSE - COMPLETE SECTIONS 1, 2, 3, 4, 6
- ~CORPORATE LICENSE - COMPLETE SECTIONS 1, 2, 3, 5, 6

Permit # PS-2403A
 License fee: _____
 Code: CDRS & COP1-PD
FEES ARE NON-REFUNDABLE

CHECK ALL THAT APPLY: Original application Renewal

TYPE: Pawnbroker Secondhand Jewelry Dealer Secondhand Article Dealer Mall/Flea Market

SECTION 1 - APPLICANT INFORMATION - attach copy of Driver License or State ID

Applicant Name (Last, First, MI) <u>JADOWSKI, TODD, M</u>	Place of Birth (City & State) <u>MANITOWOC, WI</u>	Date of Birth <u>4/28/66</u>	Sex <u>MALE</u>
Street Address <u>2303 DEWEY ST.</u>	City / State / ZIP <u>MANITOWOC, WI. 54220</u>	Driver License or State ID # <u>J320813664801</u>	Telephone Number <u>9206294558</u>

SECTION 2 - CONVICTION RECORD

Have you, or any other person listed on this application, been convicted of any of the following:

A felony within the last ten (10) years? Yes No

Within the last five (5) years of:

A misdemeanor? Yes No

A statutory violation punishable by forfeiture? Yes No

A county or municipal ordinance violation? Yes No

For each "YES" response provide the date of arrest, the nature of the offense and conviction information:

5/18/2018 (IN POSSESSION OF STOLEN PROPERTY) UNKNOWNLY SETTLED 4/20/2022 PLEAD NO CONTEST

SECTION 3- Business Information

Business Name <u>LAB PAWN STOP</u>	Street Address <u>1022 S. 10th ST.</u>	City <u>MANITOWOC</u>	State <u>WI</u>	Zip <u>54220</u>	Telephone Number <u>920682777</u>
Owner's Name <u>LEO JADOWSKI</u>	Street Address / City / State / ZIP	Driver License or State ID # (attach copy)	DOB <u>10/25/42</u>	Telephone Number	
Business Manager's Name	Street Address / City / State / ZIP	Driver License or State ID # (attach copy)	DOB	Telephone Number	
Building Owner's Name <u>LEO JADOWSKI</u>	Street Address / City / State / ZIP	Driver License or State ID # (attach copy)	DOB	Telephone Number	

SECTION 4-Partnership Information

Partnership Name:

List name, address, sex and date of birth (DOB) and Driver License/State ID # of all partners. *Attach additional sheets if necessary.*

Name (Last, First, MI)	Sex	DOB	Street Address / City / State / ZIP	Driver License or State ID # (attach copy)

SECTION 5-Corporate Information

Corporation Name:

State of Incorporation:

List name, address, sex, date of birth (DOB) and Driver License/State ID # of all partners. *Attach additional sheets if necessary.*

Name (Last, First, MI)	Sex	DOB	Street Address / City / State / ZIP	Driver License or State ID # (attach copy)

SECTION 6-Penalty Notice

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 Wis. Stats. §§ 134.71, 948.62 or 948.63. 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 within ten (10) days of any change in the information supplied in this application.

Signature of Applicant: Todd Jadowski

Print Name of Applicant: TODD JADOWSKI


SECTION 7-AUTHORITY

The undersigned hereby represents and warrants that it has the authority to apply for this license. If the party applying for this license is not an individual, the person(s) signing on behalf of the entity represents and warrants that they have been duly authorized to bind the entity and apply for this license on the entity's behalf.

Todd Jadowski
Signature

3/7/2024
Date



DRIVER LICENSE
REGULAR

WISCONSIN USA 

J320-8136-6148-01 9 CLASS **D**

1 **JADOWSKI**
2 **TODD MICHAEL**

4 **2303 DEWEY ST**
MANITOWOC, WI 54220



15 SEX **M** 16 HGT **6'-00"**
17 WGT **200 lb** 18 EYES **BRO**
19 HAIR **BAL** 4a ISS **06/03/2022 DUP**
3 DOB **04/28/1966** 4b EXP **04/28/2025**
9a END **NONE** 5 OD **OTS2L2022060315312489**

Todd Jadowski

ARR 66

TODD JADOWSKI

Donor
Blood
Type

CO AGENT