LICENSE APPLICATION for

~INDIVIDUAL LICENSE — COMPLETE SECTIONS 1, 2, 3, 6

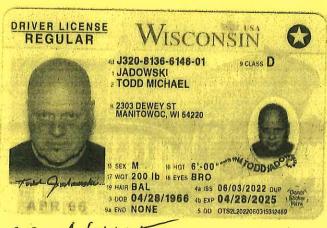
~PARTNERSHIP LICENSE - COMPLETE SECTIONS 1, 2, 3, 4, 6

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

Permit # 15-2403A
License fee:
Code: CDRS & COP1-PD
FEES ARE NON-REFUNDABLE

CHECK ALL THAT APPLY	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, F	First, MI) Place of Birth (City	y & State) Date	of Birth	Sex					
Street Address	City / State / ZIP	Driver Liebre	e or State ID #	Talanhana Numban					
2363 DEWEYS	+ 11	VI. (1) 7320812	56114801	Telephone Number					
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 O No 🛇									
Within the last five (5) y	(<u> </u>							
	isdemeanor? Yes No								
A statutory violation punishable by forfeiture? Yes No									
A county or municipal ordinance violation? Yes No									
For each "VES" response	provide the date of arrest the n	atura of the offense and	conviction infe	nemation.					
For each "YES" response provide the date of arrest, the nature of the offense and conviction information:									
SEITLED 4/20/2020									
5/18/2018 (IN POSSESSION PLEAD NO CONTEST									
OF STOLEN (ROPERTY) PLEAD NO CONTEST									
MHKNOMINGTY									
SECTION 3- Business Info	ormation								
Business Name	Street Address	City	State Zip	Telephone Number					
1 08 PAWN SHOP	1022 S. 10th ST.	MANITOWOC	WI 542	120 9206827777					
Owner's Name	Street Address / City / State / ZIP	Driver License or State ID #	DOB	Telephone Number					
LEO JADOWSKI		(attach copy)	10/25/4	42					
Business Manager's Name	Street Address / City / State / ZIP	Driver License or State ID #	DOB	Telephone Number					
		(attach copy)							
Duilding Owned Name	Street Address / City / City / Trans		Don	711					
Building Owner's Name	Street Address / City / State / ZIP	Driver License or State ID # (attach copy)	DOB	Telephone Number					
/ED JAMUSICA									

SECTION 4-Partnership Informati	on						
Partnership Name:	C Committee						
List name, address, sex and date necessary.	of birth (DO	OB) and Driver Li	icense/State ID# of all part	tners. Attach additional sheets if			
Name (Last, First, MI)	Sex	DOB	Street Address / City / State / ZIP	Driver License or State ID # (attach copy)			
				7			
SECTION 5-Corporate Information	1						
kolik karles er evigier			Asset Market Comment				
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)			
e e							
				*			
4.6							
SECTION 6-Penalty Notice		and the state of t					
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:							
Print Name of Applicant: TODD JADOWSKI							
SECTION 7-AUTHORITY							
The undersigned hereby repr the party applying for this lice represents and warrants that license on the entity's behalf	ense is no t they hav	ot an individua	al, the person(s) signing	g on behalf of the entity			
Todal Indowesta 3/7/2024							
Signature / '/ Date							



CO ACTENT