

**SECONDHAND LICENSE APPLICATION**

License Expires December 31, \_\_\_\_\_

New \_\_\_\_\_ Renewal \_\_\_\_\_ Date Filing \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

(Corporations & Partnerships see reverse side of this form)

Address of Applicant \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Are you a full citizen of : United States \_\_\_\_\_ Wisconsin \_\_\_\_\_

List all your residences for the past TWO YEARS prior to the date of application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you EVER been convicted of violating any:

Federal Laws ANYWHERE? \_\_\_\_\_  
Wisconsin State Laws? \_\_\_\_\_  
Laws of ANY other State? \_\_\_\_\_  
Ordinances of the City of Fond du Lac? \_\_\_\_\_

Business Trade Name \_\_\_\_\_ Business Address \_\_\_\_\_

Other businesses conducted at the business address \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Premises description \_\_\_\_\_

Fed Employer ID Number \_\_\_\_\_ Wis Sellers Permit \_\_\_\_\_

*Pursuant to SS 77.61(11)  
Applicant must provide proof of Valid Wi Seller's Permit Number*

STATE OF WISCONSIN)  
FOND DU LAC COUNTY)

The undersigned, BEING FIRST DULY SWORN ON OATH, deposes and says that he is the applicant named in the foregoing application; that he has read and made a COMPLETE answer to each question, and that his answer in each instance is true and correct.

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
Clerk-Notary Public

**FEE: \$105.00 (Payable at time of application) + \$200 BOND REQUIRED**

Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

**CONTROL NO.** \_\_\_\_\_ License No. \_\_\_\_\_ Date of Issuance \_\_\_\_\_

**CORPORATE OF PARTNERSHIP APPLICANTS INFORMATION**

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_

Name \_\_\_\_\_

Date of Incorporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_

TITLE	NAME	ADDRESS	DOB	SS #
President	_____	_____	_____	_____
Vice Pres	_____	_____	_____	_____
Secretary	_____	_____	_____	_____
Treasurer	_____	_____	_____	_____
Agent	_____	_____	_____	_____
Directors	_____	_____	_____	_____
	_____	_____	_____	_____

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Partners	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

**CITY OF FOND DU LAC**

*Memorandum*

*Date:*

*To:* Chief of Police Attn: Records Division

*From:* City Clerk

*Subject:* Secondhand License Application

It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.

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**CITY OF FOND DU LAC**

*Memorandum*

*Date:*

*To:* City Clerk

*From:* Chief of Police

*Subject:* Secondhand License Application

I hereby recommend that the application be:

\_\_\_\_\_ Granted a license

\_\_\_\_\_ Denied a license

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_