

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	_____	_____	_____	_____
	_____	_____	_____	_____



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.

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 _____

