

Office of the City Clerk
3805 S. Casper Dr.
New Berlin, WI 53151
Phone: (262) 786-8610
WWW.NEWBERLINWI.GOV



Total License Fees Due: _____
Cash or check accepted only.

SECONDHAND DEALERS LICENSE APPLICATION

Payment may be made by cash or check only. Please make all checks payable to: City of New Berlin

◆ Application Type Please print legibly

Check one, if applicable. Is applicant a:

Person

Corporation

Partnership

Limited liability company

Applicant's name _____

Date of Birth _____ Email Address _____

Residence address _____

Business/Trade name _____ Business owner _____

Business address _____

If applicant is a corporation, list state where incorporated and the names and address of all officers and directors; if the applicant is a partnership, list names and addresses of all members and partners; if the applicant is an LLC, list names and address of all members. (Use additional sheet, if needed.)

Name/Title _____ Date of Birth _____

Address _____

Name/Title _____ Date of birth _____

Address _____

Name/Title _____ Date of birth _____

Address _____

◆ List all additional employees (use additional sheet, if necessary)

Name/Title _____ Date of birth _____

Address _____

Name/Title _____ Date of birth _____

Address _____

Name/Title _____ Date of birth _____

Address _____



♦ Manager/Agent/Proprietor Please print legibly

Full Name: _____

Address: _____ Email Address: _____

Date of Birth: _____ Phone Number: _____

Driver's License #: _____

Have you or any other person listed on this application previously been denied or had revoked or suspended a pawnbroker, secondhand article dealer or secondhand jewelry dealer license from any other governmental unit? If so, list the information including the date, location and reason for the action:

If the applicant or anyone listed on this application has ever been known by a name other than the listed name, list the name or names used and information concerning the dates and places used:

Statement as to whether applicant, including an individual, agent, officer, director, member, partner, manager, or proprietor has been convicted of ANY crime or statutory violation punishable by forfeiture, or county or municipal ordinance violation. If so, list a detailed explanation of the nature of the offense of all such violations:

Do you currently utilize the Northeastern Wisconsin Property Reporting System? Yes No

♦ Applicant Signature Please read and sign

I, the undersigned, do hereby make an application for a Secondhand Dealers license for the City of New Berlin. I certify that all the information provided on this application is true and correct to the best of my knowledge. I authorize the City of New Berlin to conduct a background check to verify the information provided and authorize the release of all information regarding my record.

I acknowledge that I have read the New Berlin Municipal Code Chapter 152-22 relating to Secondhand Article Dealers and agree to comply with all provisions set forth in this section.

Signature _____ **Date** _____

OFFICE USE ONLY: Approved by _____ Date _____

License # _____ Date sent to Police Department _____