

**CITY OF WAUWATOSA
TRANSIENT DEALER OF PRECIOUS STONES & METALS APPLICATION**

Date: _____

Email: _____

Applicant: _____ Phone Number _____
(Company Name)

Home Office Address: _____
Street City State Zip Code

Individual(s) dealing under the authority of this permit:

<u>Name</u>	<u>Home Address</u> (Street, City, State, Zip Code)	<u>Date of Birth</u>
_____	_____	_____

Driver's License State _____ License # _____

Driver's License State _____ License # _____

List conviction record(s) of offenses involving theft, burglary, possession of stolen property or other offenses related to crimes involving property for the above named individual(s). (use reverse side if additional space needed)

Wauwatosa location where transient business is to be conducted:

Type(s) of merchandise, metals or precious stones being purchased:

Date(s) business to be conducted in Wauwatosa: _____

I/we hereby agree to comply with all laws, ordinances and resolutions of the State of Wisconsin, City of Wauwatosa, Milwaukee County and all acts amendatory thereto if a license is granted. To the best of my knowledge, all of the above answers are true and correct. Any false or misleading information or any misrepresentation in the information requested shall be cause for the Chief of Police or his designated representative to revoke or suspend this license. In addition, I/we agree to comply with the record keeping required.

Police _____

Applicant Signature

Fee: \$375.00
01-311-4900-000