

licensing @ cityofmadison.com
Jennifer
Secondhand Dealer/Pawnbroker Application

Check all that apply:

- Secondhand Article Dealer
 Secondhand Jewelry Dealer
 Secondhand Mall/Flea Market
 Precious Metals Dealer
 Pawnbroker—required to submit bond of \$500 with not less than two sureties
 Secondhand Dealer Registration – license held in _____, WI

License Applicant

Name of Corporation, LLC, Partnership, or Sole Proprietor <i>Jewelers Workshop Inc</i>		Doing Business As <i>Jewelers Workshop</i>	
Street Address of Business <i>2110 Atwood Ave</i>		State Seller's Permit Number <i>456-0002525513-03</i>	
Mailing Address <i>2110 Atwood Ave</i>		City <i>MADISON</i>	State <i>WI</i>
Local Contact Person <i>Jason Braden</i>		Phone Number <i>(608) 251-7705</i>	Contact Email <i>jbraden@jewelersworkshop.com</i>
		Name of Registered Agent	

Describe the type of business and articles of merchandise to be handled on the premises:
Made to order custom jewelry (general retail)

List all Owner(s), Managers, Officers, Directors, Members, and/or Partners

First Name	Middle Initial	Last Name	Title	Sex	Race	Date of Birth
<i>Jason</i>	<i>John</i>	<i>Braden</i>	<i>President</i>			



First Name	Middle Initial	Last Name	Title	Sex	Race	Date of Birth
<i>LINDA</i>	<i>M</i>	<i>Carey</i>				



First Name	Middle Initial	Last Name	Title	Sex	Race	Date of Birth

Convicted of a felony within last 10 years <input type="checkbox"/> No <input type="checkbox"/> Yes Within the last 5 years, convicted of any of the following: Misdemeanor <input type="checkbox"/> No <input type="checkbox"/> Yes Statutory violation punishable by forfeiture <input type="checkbox"/> No <input type="checkbox"/> Yes County or municipal ordinance violation <input type="checkbox"/> No <input type="checkbox"/> Yes	For each "yes" response, provide year of arrest, nature of offense, and conviction information.
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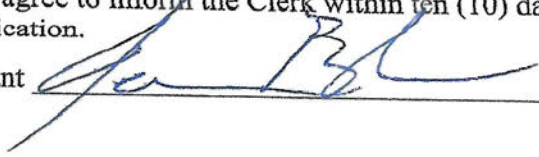
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Penalty Notice

I understand that this license may be denied to revoked for fraud, misrepresentation or false statement contained in the application or for any violation of State Statutes 134.71, 943.34, 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  Date 4-4-2023

501 Secondhand Article Dealer License # _____	506 Secondhand Jewelry Dealer License # <u>LICSHD-2023-00225</u>	500 Pawnbroker License # _____
	503 Secondhand Mall/Flea Market License # _____	<input type="checkbox"/> \$500 bond w/ 2 sureties