

## Secondhand Dealer/Pawnbroker Application

						134.4				
Secondhand Article Dealer										
License Applicant										
Name of Corporation, LLC,	Sole Proprietor	Doing Business As								
TECH HEROE	SILC		LECH HERDES							
Street Address of Business 3771 EAST WAST	NE	State Seller's Permit Number								
Mailing Address		1.1	City	00 1	Sta		Zip Code			
377 EAST WASH Local Contact Person	767000 C. Phone	Number	MAD	1300	-		Stered Agent			
LOC PHAN	(608)	Number Co	RVICE @ TEC	HHEROES, CON		LO	A 17			
Describe the type of business							•			
& REPAIR, BUY,					2					
List all Owner(s), Man	agers, Offic		lembers, an	d/or Partners	Sex	Daga	Date of Birth			
First Name	M	Last Name PHAM		(D-OWNER	Sex	Race	Date of Birth			
Cross Address	14( =	11/10/	City	WHOMER	Ctoto	7in C	odo			
First Name	Middle Initial	Last Name		Title	Sex	Race	Date of Birth			
DAVID	M	PHAM	0'-	W.OWNER			,			
First Name	Middle Initial	Last Name	t i Million (St. 1803). Million (St. 1804). Simple i i i i i i i i i i i i i i i i i i i	Title	Sex	Race	Date of Birth			
	Middle Initial		Cite	Title						
First Name Street Address	Middle Initial		City	Title	Sex State	Race Zip Co				
Street Address		No □ Yes	For each "yes"	response, provide	State e year o	Zip Co	ode			
Street Address  Convicted of a felony within Within the last 5 years, convi	last 10 years	No □ Yes □	For each "yes"		State e year o	Zip Co	ode			
Convicted of a felony within Within the last 5 years, conving Misdemeanor  No	last 10 years Cicted of any of t	l No □ Yes he following:	For each "yes"	response, provide	State e year o	Zip Co	ode			
Convicted of a felony within Within the last 5 years, convi Misdemeanor \( \subseteq \) No \( \subseteq \) Statutory violation punisha	last 10 years Cicted of any of t Yes able by forfeitur	No □ Yes he following:	For each "yes"	response, provide	State e year o	Zip Co	ode			
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First Name	Middle Initial	Last Name		Title	Sex	Race	Date of Birth		
Street Address			City		State	Zip Co	ode		
Convicted of a felony within last 10 years □ No □ Yes Within the last 5 years, convicted of any of the following: Misdemeanor □ No □ Yes Statutory violation punishable by forfeiture □ No □ Yes County or municipal ordinance violation □ No □ Yes			For each "yes" response, provide year of arrest, nature of offense, and conviction information.						
First Name	Middle Initial	Last Name		Title	Sex	Race	Date of Birth		
Street Address			City		State	Zip Co	de		
Convicted of a felony within Within the last 5 years, convi Misdemeanor  No Statutory violation punisha County or municipal ordin	For each "yes" response, provide year of arrest, nature of offense, and conviction information.								
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First Name	Middle Initial	Last Name		Title	Sex	Race	Date of Birth		
Street Address	<u> </u>	<u> </u>	City	<u> </u>	State	Zip Co	de		
Convicted of a felony within Within the last 5 years, convining Misdemeanor  No Statutory violation punishan County or municipal ordin	For each "yes" response, provide year of arrest, nature of offense, and conviction information.								
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 of So 222									
501 Secondhand Article D	ealer License	#	506 Secondh Dealer Licen 503 Secondh Market Licer	se # and Mall/Flea	500 Pa Licens □ \$50	se#	oker d w/ 2 sureties		