

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 Technik Inc		Doing Business As Rocket Computers	
Street Address of Business 513 State St.		State Seller's Permit Number 456-1029012200-04	
Mailing Address 513 State St.		City Madison	State WI
Local Contact Person Nick Koskollak		Phone Number 608-334-2709	Contact Email nick@rocketrepairwi.com
Name of Registered Agent			

Describe the type of business and articles of merchandise to be handled on the premises:
Trade ins and damaged electronic bugbats.

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

Name	Title	Street Address	City	State	Sex	Race	Date of Birth
Nick Koskollak	CEO	513 State St	Madison	WI	M	CC	[REDACTED]
Convicted of a felony within last 10 years <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Within the last 5 years, convicted of any of the following: Misdemeanor <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Statutory violation punishable by forfeiture <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes County or municipal ordinance violation <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				For each "yes" response, provide year of arrest, nature of offense, and conviction information.			
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.			
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.			
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.			
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.			

RECEIVED
 MAY 25 2017
 MADISON CITY CLERK

Name	Title	Street Address	City	State	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.				

Name	Title	Street Address	City	State	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.				

Name	Title	Street Address	City	State	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.				


Name	Title	Street Address	City	State	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.				

Name	Title	Street Address	City	State	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.				

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 5/23/17

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