LICSHD-2017-00570

1944/

Secondhand Dealer/Pawnbroker Application

Check all that apply:						*				
☐ Precious Meta	ls Dealer 🗖 I	ealer Second Pawnbroker—requ Dealer Registration	ired to	submit bo	nd of \$500 wit					,
License Applicant			3. A	1 184. N. J						
Name of Corporation, LI	.C, Partnership	o, or Sole Proprietor		_	usiness As					
Techn.K	Inc			Ro	etet Co.	mputa	15			
Street Address of Busines	ss St.			State Sell	er's Permit Num 6 -10290120	ber 200 -	04			
Mailing Address		!		City		1	tate		Code	
S13 State	St.			Madi	son	1	J.	53	703	
Local Contact Person Nick Kashelle(S	Pl (6	none Number 908 -334-2709	nick		repairwi.com	Name	of Reg	gistered	Agent	
Describe the type of busin						,				
		damused								ě
List <u>all</u> Owner(s), M			s, Mer	nbers, an						
Name Nick Fostallek	Title	Street Address	5+		City Manh3co	State	IM	Race		ih
Convicted of a felony with Within the last 5 years, co Misdemeanor 12 No	nvicted of any □ Yes	of the following:		r each "yes' ènse, and c	response, provionviction inform	ide year	ofar	1	_	y E
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Name	Title	Street Address		City	State	Sex	Race	Date of Birth	
Convicted of a felony within last 10 years \square No \square Yes Within the last 5 years, convicted of any of the following: Misdemeanor \square No \square Yes Statutory violation punishable by forfeiture \square No \square Yes County or municipal ordinance violation \square No \square 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	
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