

(APPLICATION IS NON-REFUNDABLE)

FR ___ INS ___ PD ___
PRE \$500.00
PTP \$ _____

___ NEW ___ RENEWAL

DATE: _____

CITY OF CUDAHY
APPLICATION FOR A SHORT TERM LOAN/ CHECK CASHING/ AUTO TITLE LOAN/ RENT TO OWN STORE LICENSE

I, the undersigned, do hereby make application for a SHORT TERM LOAN/ CHECK CASHING/ AUTO TITLE LOAN/ RENT TO OWN STORE operator's license for the year ending June 30, _____, and I certify that I am familiar with the laws, ordinances and regulations pertaining to the license and I agree to obey all provisions of said law.

- a. Name: _____
(last, first, middle)
- b. Address: _____
- c. City: _____ State: _____ Zip: _____
- d. Social Security Number: _____ Home Phone: _____
- e. Maiden/Former Names: _____
- f. Date of Birth: _____ Place of Birth: _____
- g. Sex _____ Race _____
- h. Place of business where license will be used: _____
- i. Have you ever held a previous city license? Yes _____ No _____ YR _____ # _____
- j. Do you presently hold a valid state license? Yes _____ No _____ YR _____ # _____
- k. In what city? _____

HAVE YOU EVER BEEN convicted of any non-traffic violation by any governmental body or do you have any pending non-traffic cases against you? Yes _____ No _____

IF YES, COMPLETE THE FOLLOWING. USE SEPARATE SHEET IF MORE SPACE IS NEEDED.

OFFENSE	CHARGING AGENCY	CONVICTION DATE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have any convictions and fail to list them on your application, you will be prosecuted and fined for false swearing.

STATE OF WISCONSIN
COUNTY OF MILWAUKEE

_____ swears that the information in this application for a
(Applicant's Printed Name)
SHORT TERM LOAN/ CHECK CASHING/ AUTO TITLE LOAN/ RENT TO OWN STORE Operator's
License is true and correct to the best of my knowledge.

Furthermore, I authorize the release of any and all information, records and documents to the
Licensing Committee, Common Council or Legal Department, regarding all matters referred to in this
application including, but not limited to, any and all criminal conviction records and waive any rights I
might have regarding disclosure of information contained in the Privacy Act of 1974.

Applicant Signature

**NOTE: Application must be signed EITHER by two witnesses, OR signed by a person
authorized by law to administer oaths.**

We, the undersigned witness, certify the above
signature.

Name _____
Address _____
Name _____
Address _____

Subscribed and sworn to before me this
_____ day of _____, _____.

Notary Public, Milwaukee County, Wisconsin
My Commission Expires: _____

Police and License Committee

To whom above matter was referred, make report recommending:

_____ Granted _____
Chairman
_____ Denied _____
Member
_____ City Clerk _____
Member

POLICE USE ONLY:

Recommendation of Police Department: Approval _____ Disapproval _____

Signature

POLICE USE ONLY

NCIC _____ CIB _____ CUPD _____

BY: _____ DATE: _____