



PRECIOUS METAL & GEM DEALERS LICENSE RENEWAL APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

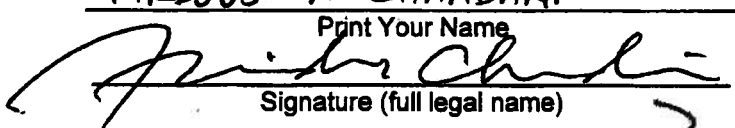
FIRDOUS A CHANDANI, AGT
REFLECTIONS JEWELRY, INC
1306 W FOREST HOME AV
MILWAUKEE, WI 53204

PM&G274

Applications filed after
October 30, 2009 will be
subject to a \$25.00 late fee

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, D & E)
☒ Corporation, LP, or LLC (Fill out Section B, C, D & E)

Section A	INDIVIDUAL OR PARTNERSHIP:	
	Full Legal Name (Last, First & Middle Initial)	Full Legal Name (Last, First & Middle Initial)
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: () -	Home Phone Number: () -
Section B	Date of Birth:	Date of Birth:
	Business Name: REFLECTIONS JEWELRY	Business Phone Number: (414) 672-6108
	Business Address (include City, State, Zip Code): 1306 W FOREST HOME AV MILWAUKEE, WI 53204	
	Indicate Type of Merchandise being sold: JEWELRY.	
Section C	BUILDING OWNER:	ADDRESS: (Include City, State, & Zip Code):
	Name (Last, First & Middle Initial): CVS CAREMARK CORPORATION	ONE CVS Drive. P.O BOX 1525 WOODSOCKET, RI 02895.
	Full Name of corporation or limited liability company, or limited partnership:	
	REFLECTIONS JEWELRY, INC	
	State of Incorporation: WISCONSIN	
	Agent Or Business Manager:	
	Full Legal Name (Last, First & Middle Initial): CHANDANI FIRDOUS. A - (OWNER)	
Home Address (include City, State & Zip Code): 10922 W HAYES AVE WEST ALLIS WI 53227.		
Home Phone Number: (414) 321-9434		Date of Birth: 10-29-1967

	President/Member/limited partner	Vice President/Member/limited partner
	Full Legal Name (Last, First & Middle Initial): CHANDANI FIRDOUS A.	Full Legal Name (Last, First & Middle Initial): NONE
	Home Street Address: 10922 - W - HAYES AVE	Home Street Address:
	Home City, State, Zip Code: WEST ALLIS WI 53227.	Home City, State, Zip Code:
	Home Phone Number: (414) 622 -321-9434.	Home Phone Number: () -
	Date of Birth: 10-29-67.	Date of Birth:
Section C Cont.	Secretary/Member/limited partner	Treasurer/Member/limited partner
	Full Legal Name (Last, First & Middle Initial): NONE	Full Legal Name (Last, First & Middle Initial): NONE
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: () -	Home Phone Number: () -
Section D	Date of Birth:	
	Has anyone listed on this application been convicted within the preceding 10 years of a felony or a misdemeanor, statutory violation punishable by forfeiture or county or municipal ordinance violation in which the circumstances of the felony, misdemeanor or other offense substantially relate to the circumstance of the licensed activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; If yes, name person (s), date(s), charge(s) and penalties:	
Section E	<p>The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.</p> <p>I have knowledge of the City Ordinances currently regulating the license applied for herein, and say that I am the person named above and that all statements made in the foregoing application are true and correct.</p> <p style="text-align: center;">FIRDOUS A. CHANDANI Print Your Name</p> <p style="text-align: center;"> Signature (full legal name)</p> <p style="text-align: center;"><small>Incomplete applications as well as applications submitted without the required signature and fee of \$75, will be RETURNED. Applications filed after October 2009 will be subject to a \$25 late fee.</small></p>	

Office Use Only:

Initials: J/LO Filed: 10/9/09 License #: 331 Granted: DEC 22 2009 Issued: DEC 22 2009 