

Athlete Agent Registration Form

Please **Type** or **Print** Clearly in Ink

Make Payment Payable to **SECRETARY OF STATE**

FILE DATE 06/19/25
RECEIPT NO 002652385

RECEIVED

MAY 19 2025

SD Secretary of State

Cashier's Check # 13882501
\$50.00

Please check the applicable filing status.

- ☐ Initial Application **\$100** Fee
☒ Application based on certification in another state per §59-10-5(b): **\$50** Fee
☐ Application for Renewal **\$25** Fee

1. Name: Steven Schalk

262-389-7265

Daytime Phone

sschalk27@gmail.com

Email Address

2. The address for the applicant's principal place of business:

12605 W North Ave

Street Address

Brookfield

City

WI

State

53005

ZIP

505 Scarlet Dr

Mailing Address (Optional)

Brookfield

City

WI

State

53005

ZIP

3. The name of the applicant's business or employer: Envision Partners LLC

4. List any business or occupation engaged in by the applicant for the five years next preceding the date of the application:

Sports Marketing Consultant – Provided strategic marketing services to sports organizations and individual athletes, including brand development and sponsorship acquisition (2024–Present).

5. Provide a brief description of your training as an athlete agent:

As a licensed athlete agent in Wisconsin, I've negotiated Name, Image, and Likeness (NIL) and marketing agreements for collegiate athletes, focusing on brand partnerships and compliance within the evolving NIL landscape.

6. Provide a brief description of your practical experience as an athlete agent:

I help athletes build their personal brands through social media, secure brand partnerships, and create off-field opportunities. I focus on maximizing their NIL potential while ensuring legal and financial compliance.

7. Provide a brief description of your educational background related to being an athlete agent:

My educational background includes coursework in sports management, marketing, and business, providing me with the skills to support athletes in brand management, contract negotiations, and career development.

8. Provide names and addresses of three references not related to the applicant:

<u>Derek Coleman</u>	<u>2807 Mohican Circle</u>	<u>Waukesha</u>	<u>WI</u>	<u>53189</u>
Name	Address	City	State	ZIP
<u>Tawfeeg Arabiyat</u>	<u>2420 E Capital Dr</u>	<u>Milwaukee</u>	<u>WI</u>	<u>53211</u>
Name	Address	City	State	ZIP
<u>Nicholas Maas</u>	<u>18700 Moor Ct</u>	<u>Brookfield</u>	<u>WI</u>	<u>53045</u>
Name	Address	City	State	ZIP

9. For whom have you served as an athlete agent in the past 5 (five) years:

John Lovelace	Basketball	UW Milwaukee
Name	Sport	Last Known Team
Stevie Elam	Basketball	UW Milwaukee
Name	Sport	Last Known Team
Carrington Valentine	Football	Green Bay Packers
Name	Sport	Last Known Team
Andrew Rohde	Basketball	UW Wisconsin Madison
Name	Sport	Last Known Team

10. If the applicant's business is not a corporation, list the names and addresses of the partners, members, officers, managers, or profit-sharers of the business:

Name	Address	City	State	ZIP
Name	Address	City	State	ZIP

11. If the business employing the applicant is a corporation, list the names and addresses of the officers, directors, and any shareholder of the corporation having a five percent interest or greater.

Derek Coleman	2807 Mohican Circle	Waukesha	WI	53189
Name	Address	City	State	ZIP
Steven Schalk	505 Scarlet Dr	Brookfield	WI	53005
Name	Address	City	State	ZIP

12. Have you or anyone listed in questions 10 or 11 been convicted of a crime, that in South Dakota, would be considered a crime of moral turpitude or a felony? ☐ Yes ☒ No

If yes please identify the crime: _____

13. Have you or anyone listed in questions 10 or 11 been administratively or judicially determined to have made false, misleading, deceptive or fraudulent representations? ☐ Yes ☒ No

14. Has your conduct or that of anyone listed in questions 10 or 11 resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or educational institution? ☐ Yes ☒ No

15. Have you or anyone listed in questions 10 or 11 had any sanction, suspension or disciplinary action taken against you / them because of occupational or professional conduct? ☐ Yes ☒ No

16. Have you or anyone listed in questions 10 or 11 ever been denied an application for, suspension or revocation of, or refusal to renew the athlete agents registration of licensure? ☐ Yes ☒ No

Attach additional pages as needed when there is insufficient room to fully complete a question.

I declare under penalty of perjury, under the laws of the State of South Dakota, that all statements contained in this application and any accompanying documents are true and correct.

Dated 05/11/2025

Steven Schalk
(Signature of Applicant)

Steven Schalk
(Printed Name)

State of Wisconsin

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT
AND LICENSING

ATHLETE AGENT

NO. 322 - 97

Expires: 06/30/2026

STEVEN DAVID SCHALK

505 SCARLET DR,

BROOKFIELD, WISCONSIN 53005-6544

UNITED STATES

The person whose name appears on this document has complied with the provisions of the Wisconsin Statutes and holds the credential specified on the front of this card. To verify the current status of this credential, use "Lookup a License" at dsps.wi.gov.

The named person has complied with Wisconsin Statutes and holds the credential specified. Signature: Steven David Schalk

Ch 440.11, Wis Statutes, requires you to notify the Department of a name or address change within 30 days. Please submit corrected information via the web at dsps.wi.gov or by mail to DSPS at PO Box 8935, Madison WI 53708-8935.



South Dakota Secretary of State
500 E. Capitol Ave
Pierre, SD 57501-5070

STEVEN SCHALK
12605 W NORTH AVENUE
BROOKFIELD, WI 53005

RECEIPT INFORMATION

Receipt #: 002652385
Receipt Date: 05/19/2025

DO NOT PAY!
This is not a bill.

Description of Charges	Reference	Quantity	Unit Price	Total
Athlete Agent Application Out of State		1	\$50.00	\$50.00

TOTAL CHARGES PAID \$50.00

Description of Payment	Reference	Amount
Payment-Check/MO	9138825001	\$50.00

TOTAL PAYMENT \$50.00



SOUTH DAKOTA
DEPT. OF **LABOR**
& **REGULATION**

Filed this 5th day of

June 5, 2025

Steven Schalk
Envision Partners LLC
12605 North Ave
Brookfield WI 53005

June 2025
Mona L. Johnson

SECRETARY OF STATE

RECEIVED

JUN 05 2025

Filed this SD Secretary of State day of

Mona L. Johnson

SECRET

Attached is your South Dakota Athlete Agent certificate.

This certificate may not be transferred or used by any other person or business entity other than the person or business entity to whom the certificate was issued.

Services are subject to sales tax in South Dakota. If you are providing your service in South Dakota, you need to apply for a SD Sales Tax license. Please visit the South Dakota Department of Revenue website at dor.sd.gov.

State of South Dakota
Department of Labor and Regulation

Steven Schalk

Envision Partners LLC
12605 North Ave
Brookfield WI 53005

Has been registered by the SD Department of Labor and Regulation as an

ATHLETE AGENT

Effective: 06/05/2025

EXPIRATION: 06/04/2027

M. Hultman

Marcia Hultman,
Secretary of Labor & Regulation

This certificate is non-transferable to any other person or entity other than to whom the certificate was issued.