



PAWNBROKER LICENSE APPLICATION:

At time of application, applicant shall furnish:

1. Completed application form
2. Non-refundable application fee \$500 (see 4a below)
3. Non-refundable investigation fee \$500 (including manager investigation)
 - applicant may be required to reimburse City up to \$10,000 if the investigation occurs outside the State of Minnesota
4. The initial license fee shall be pro-rated on a monthly basis or \$208.33/month.
 - a) If the license is approved, the \$500 application fee will be credited to the first full license renewal fee reducing the fee from \$2,500 to \$2,000.

Bond Requirements

If application is approved, a license will not be issued until the applicant files with the City Clerk a bond with corporate surety, cash, or a United States Government Bond in the amount of five thousand dollars (\$5,000) for a pawnbroker, precious metal dealer and second hand dealer license.

CHECK TYPE	
<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL

NEW APPLICANTS ONLY	
Business location is within a CB, Community Business, Zoning District.	
Building Official _____	Date _____



CITY OF NEW HOPE
 4401 XYLON AVENUE NORTH
 NEW HOPE, MN 55428-4898
 763-531-5100

APPLICATION FOR PAWNBROKER, PRECIOUS METAL OR SECONDHAND DEALER LICENSE

APPLICANT (FIRST NAME, FULL MIDDLE NAME AND LAST NAME):		
BUSINESS/TRADE NAME:	MN STATE SALES TAX NUMBER:	
BUSINESS ADDRESS:	ZIP CODE:	BUSINESS PHONE NUMBER:
IF A CORPORATION, LIST TRUE CORPORATE NAME:	STATE OF INCORPORATION:	DATE OF INCORPORATION:
IS BUSINESS PREMISES OWNED OR LEASED BY APPLICANT: <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED	ARE YOU A FEDERAL FIREARMS DEALER: <input type="checkbox"/> NO <input type="checkbox"/> YES - FEDERAL ID NUMBER:	

MAILING ADDRESS - ONLY IF DIFFERENT FROM ABOVE			
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:

LIST ALL NAMES OF OWNERS, PARTNERS OR CORPORATE MEMBERS			
FIRST NAME, FULL MIDDLE NAME AND LAST NAME:	TITLE:	RESIDENT TELEPHONE NUMBER:	PERCENT OF INTEREST:
RESIDENT STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
FIRST NAME, FULL MIDDLE NAME AND LAST NAME:	TITLE:	RESIDENT TELEPHONE NUMBER:	PERCENT OF INTEREST:
RESIDENT STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
FIRST NAME, FULL MIDDLE NAME AND LAST NAME:	TITLE:	RESIDENT TELEPHONE NUMBER:	PERCENT OF INTEREST:
RESIDENT STREET ADDRESS:	CITY:	STATE:	ZIP CODE:

ATTACH ADDITIONAL SHEET IF NECESSARY

MANAGER			
FIRST NAME, FULL MIDDLE AND LAST NAME:	RESIDENT TELEPHONE NUMBER:		
RESIDENT STREET ADDRESS:	CITY:	STATE:	ZIP CODE:

Have any of the above listed persons ever been convicted of a felony, crime or violation of any ordinance other than a traffic ordinance?

NO YES - If yes, complete information below:

NAME	DATE	PLACE	OFFENSE(S)

ATTACH ADDITIONAL SHEET IF NECESSARY

THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE

List all currently held pawnbroker, precious metal dealer and secondhand goods dealer licenses and the governmental agency with whom held:			
TYPE OF LICENSE	GOVERNMENTAL AGENCY	TYPE OF LICENSE	GOVERNMENTAL AGENCY
ATTACH ADDITIONAL SHEET IF NECESSARY			

Have you ever been denied or had revoked or suspended a pawnbroker, precious metal dealer or secondhand goods dealer license from a governmental agency? No Yes - if yes, list type of license; whether a denial, revocation or suspension; and by what agency.

TYPE OF LICENSE	TYPE OF ACTION TAKEN	GOVERNMENTAL AGENCY
ATTACH ADDITIONAL SHEET IF NECESSARY		

NEW APPLICANTS MUST SUBMIT
1. A copy of the certificate of assumed/trade name; 2. A copy of the complete signed lease agreement if business premises is leased; 3. Preliminary plans showing design of premises to be licensed; 4. A true copy of the federal and state tax returns for the past 2 years if a partnership or a corporation; 5. If a partnership, a copy of the partnership agreement; 6. If a corporation, a copy of the Certificate of Incorporation, Articles of Incorporation, By-laws & Certificate of Authority if a foreign corporation; 7. And, if a corporation, a list of all persons who control an interest in excess of 5 percent and were not previously listed (Does not apply to corporations whose stock is publicly traded on a stock exchange.)
Each owner, partner (including general and limited), corporate officer and manager must complete a Supplemental Affidavit.

I hereby certify that I have read and understand every question in this application and that the answer to every question in this application is true to the best of my knowledge. I further understand that the giving of false information in this application constitutes cause for the immediate revocation of any licenses and permits issued hereunder.

I understand that it is my responsibility to maintain the records and to make reports to the police as required in Chapter 8 of the New Hope Code of Ordinances. Further, I understand that I am responsible for all goods which are received or sold at the licensed place of business.

PRINT NAME:	SIGNATURE OF APPLICANT:	DATE SIGNED:
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MUST BE SIGNED BEFORE NOTARY

NOTARY SEAL
Subscribed and sworn to before me this _____ day of _____ 2_____ Signature of Notary: _____ Notary Public _____ County, _____ (State) My Commission Expires: _____

NEW HOPE POLICE DEPARTMENT	
This application is <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
BY:	DATE SIGNED:



SUPPLEMENTAL AFFIDAVIT FOR PAWNBROKER LICENSE APPLICATION

This form must be completed, signed and sworn to by each manager, owner, partner, officer and shareholder of the establishment applying for a pawnbroker license from the City of New Hope.

NAME OF BUSINESS:	ADDRESS OF BUSINESS:	TELEPHONE NUMBER:
YOUR FULL NAME (FIRST, MIDDLE AND LAST):	<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNER <input type="checkbox"/> MANAGER <input type="checkbox"/> CORPORATE OFFICER <input type="checkbox"/> SHAREHOLDER	
DATE OF BIRTH:	PLACE OF BIRTH:	ARE: <input type="checkbox"/> UNITED STATES CITIZEN <input type="checkbox"/> RESIDENT ALIEN
HEIGHT:	WEIGHT:	COLOR OF HAIR: COLOR OF EYES:

LIST ANY OTHER FIRST, MIDDLE OR LAST NAME(S) YOU HAVE EVER USED OR BEEN KNOWN BY WITH PLACE(S) AND DATE(S):

ATTACH ADDITIONAL SHEET IF NECESSARY

RESIDENCE HISTORY - PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE PAST 5 YEARS

ADDRESS OF RESIDENCE	CITY	STATE	ZIP CODE	DATES OF RESIDENCE

ATTACH ADDITIONAL SHEET IF NECESSARY

EMPLOYMENT HISTORY - PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE PAST 5 YEARS

NAME OF BUSINESS	WHAT KIND OF BUSINESS	ADDRESS	TITLE	DATES OF EMPLOYMENT

ATTACH ADDITIONAL SHEET IF NECESSARY

THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE

BUSINESS HISTORY - PROVIDE THE FOLLOWING INFORMATION REGARDING BUSINESSES YOU HAVE OWNED OR HAD A FINANCIAL INTEREST IN FOR THE PAST 5 YEARS.				
NAME OF BUSINESS:	ADDRESS OF BUSINESS:	TYPE OF INVOLVEMENT:	DATES OF INVOLVEMENT:	
PARTNER/ASSOCIATE NAME:	ADDRESS:	CITY:	STATE:	ZIP CODE:
PARTNER/ASSOCIATE NAME:	ADDRESS:	CITY:	STATE:	ZIP CODE:
NAME OF BUSINESS:	ADDRESS OF BUSINESS:	TYPE OF INVOLVEMENT:	DATES OF INVOLVEMENT:	
PARTNER/ASSOCIATE NAME:	ADDRESS:	CITY:	STATE:	ZIP CODE:
PARTNER/ASSOCIATE NAME:	ADDRESS:	CITY:	STATE:	ZIP CODE:
NAME OF BUSINESS:	ADDRESS OF BUSINESS:	TYPE OF INVOLVEMENT:	DATES OF INVOLVEMENT:	
PARTNER/ASSOCIATE NAME:	ADDRESS:	CITY:	STATE:	ZIP CODE:
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NAME OF BUSINESS:	ADDRESS OF BUSINESS:	TYPE OF INVOLVEMENT:	DATES OF INVOLVEMENT:	
PARTNER/ASSOCIATE NAME:	ADDRESS:	CITY:	STATE:	ZIP CODE:
PARTNER/ASSOCIATE NAME:	ADDRESS:	CITY:	STATE:	ZIP CODE:

ATTACH ADDITIONAL SHEET IF NECESSARY

Have you ever been convicted of a felony, crime or violation of any ordinance other than a traffic ordinance?

No Yes - If yes, list date, place and offense of all such convictions:

DATE	PLACE	OFFENSE

ATTACH ADDITIONAL SHEET IF NECESSARY

Persons other than managers must attach their current personal financial statement.

I hereby certify that the information given is true to my own knowledge and belief. I understand that the giving of false information constitutes cause for denial of the application or suspension or revocation of the license, should the license be granted.

PRINT NAME:	SIGNATURE OF APPLICANT:	DATE SIGNED:
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MUST BE SIGNED BEFORE NOTARY

NOTARY SEAL

Subscribed and sworn to before me this _____ day of _____ 2_____

Signature of Notary: _____

Notary Public _____ County, _____ (State)

My Commission Expires: _____

New Hope Police Department

DATA PRIVACY ADVISORY

The **Minnesota Data Practices Act** requires that you be advised of the following information:

As an applicant for a **PAWNBROKER, PRECIOUS METAL OR SECONDHAND GOODS DEALER** license, you are asked to provide private and/or confidential information about yourself which will be used to check criminal history, arrest records and warrant information. These checks will include the Minnesota Bureau of Criminal Apprehension, Criminal Justice Information System.

You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed.

The information you provide will be used by the **New Hope Police Department**.

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY

Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

(PRINT OR TYPE ONLY)

This AUTHORIZATION FOR RELEASE OF INFORMATION will expire one year from the date you sign it.

Applicant: _____
LAST NAME FIRST NAME MIDDLE NAME

Date of Birth: _____ Also Known As: _____

Signature: _____ Date: _____



MINNESOTA STATUTE 270.72 TAX CLEARANCE

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under The Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
- Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
- Failure to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

TYPE OF LICENSE BEING APPLIED FOR OR RENEWED:

PERSONAL INFORMATION

APPLICANT'S NAME (LAST, FIRST, MI):				SOCIAL SECURITY NUMBER:
APPLICANT'S HOME ADDRESS:	CITY:	STATE:	ZIP CODE:	PHONE NUMBER:

BUSINESS INFORMATION

BUSINESS NAME:				
BUSINESS ADDRESS:	CITY:	STATE:	ZIP CODE:	PHONE NUMBER:
MINNESOTA TAX IDENTIFICATION NUMBER:			FEDERAL TAX IDENTIFICATION NUMBER:	
If a Minnesota Identification number is not required, please explain below.				

COMMENTS

CONTINUED ON REVERSE SIDE

**CERTIFICATION OF COMPLIANCE WITH
THE MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. **This information will be collected by the licensing agency and retained in their files.**

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

TYPE OF BUSINESS (DESCRIPTION - PLEASE BE SPECIFIC):

WORKERS' COMPENSATION INSURANCE COMPANY NAME (INSURANCE COMPANY NAME - NOT AGENT):	POLICY NUMBER:
DATES OF COVERAGE:	
STARTING DATE:	THROUGH (ENDING DATE):

OR

I certify that I am not required to carry workers' compensation insurance because (check one):

- I am sole proprietor and I have **no** employees.
- I am self insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law. (Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include: Spouse; Parents; Children, regardless of age; and farm labor employees of a family farm that spent less than \$8,000 for farm labor in the previous calendar year. All other workers whose work is controllable by the employer must be covered.)

I UNDERSTAND THAT THE INFORMATION PROVIDED ABOVE WILL BE VERIFIED BY THE MINNESOTA DEPARTMENT OF LABOR AND INDUSTRY. I UNDERSTAND THAT I AM SUBJECT TO A \$1,000 PENALTY, IF THE INFORMATION IS FALSE.

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

SIGNATURE:	POSITION (OFFICER, PARTNER, ETC.):	DATE SIGNED:

(No local licensing agency, other person, or organization acting as an intermediary to deliver this to the Department of Labor and Industry shall be responsible for accuracy of the information provided by the person signing this.)