

## PAWNBROKERS - NEW

\_\_\_\_\_ Completed Forms:

- 1) Pawnbroker's License Application – signed and notarized
- 2) Proof of Workers Comp coverage form
- 3) Tax Clearance information form (Make sure MN ID, FEIN ID, or SSN are on the document)
- 4) Authorization and Release form and NOTARIZED

\_\_\_\_\_ \$5,000 Bond must be issued

\_\_\_\_\_ \$150 License Fee (*receipt to 101-32184*)

\_\_\_\_\_ \$50 Investigation Fee (*receipt to 225-36299*)

- May not transfer license

**CITY OF BRAINERD**

**PAWNBROKER'S LICENSE APPLICATION**

Full Legal Name of Applicant: \_\_\_\_\_

Previous Last Names: \_\_\_\_\_

Name of Corporation or Association: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Federal Tax Number: \_\_\_\_\_ State Tax Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

The following items must be completed and/or accompany the completed application form. Whoever shall knowingly falsify the answers to the following questions shall be deemed guilty of perjury and shall be punished accordingly. In answering the following questions, one of the officers of a corporation or partner of a partnership shall complete the application for all corporate officers, directors and stockholders or all members of the partnership.

Applicant Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type of Applicant: \_\_\_\_\_ Individual \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other

Complete the following for each individual, partner or officer of corporation – attach more pages if necessary: Full Legal Name: \_\_\_\_\_

Previous Last Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Position Title: \_\_\_\_\_ Business Interest Percentage: \_\_\_\_\_

U.S. Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No – Naturalized \_\_\_\_\_ Yes \_\_\_\_\_ No – If yes, give date & place \_\_\_\_\_

Previous addresses for the past five years: \_\_\_\_\_

Occupations for the past five years: \_\_\_\_\_

If married, state maiden name and date of birth of spouse: \_\_\_\_\_

Spouse Full Legal Name: \_\_\_\_\_

Spouse Previous Legal Names: \_\_\_\_\_

Spouse Home Address: \_\_\_\_\_

Previous address for the past five years for spouse: \_\_\_\_\_

Occupations of spouse for the past five years: \_\_\_\_\_

Has spouse ever been convicted of any felony, misdemeanor or violation of any ordinance other than traffic: \_\_\_\_ Yes \_\_\_\_ No, If yes, give time, place, offence and penalty: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Does the applicant or any associates hold a current pawnbrokers license from any other government unit or licensed under MN Statute 471.924: \_\_\_\_ Yes \_\_\_\_ No, If yes, give nature and extent of involvement: \_\_\_\_\_

Has applicant previously been denied a pawnbroker license from any other governmental unit or had a license revoked or canceled? \_\_\_\_ Yes \_\_\_\_ No, If yes, give details: \_\_\_\_\_

List names, residence address and business address of three references who are of good moral character and who are not related to the applicant or not holding any ownership in the premises, who may attest to the character of the applicant or manager:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date of Incorporation and State in which incorporated: \_\_\_\_\_

If subsidiary of any other corporation, state parent company: \_\_\_\_\_

If corporate under the laws of another state, is corporation authorized to do business in Minnesota:

\_\_\_\_ Yes \_\_\_\_ No, If yes, number of certificate of authority

\*If applicant is a corporation, attached certified copy of articles of incorporation and by-laws.

Full legal name, date of birth and address of manager(s) or proprietor(s) of the business if different than applicants: \_\_\_\_\_

Full legal name and address of property owner if different than applicant: \_\_\_\_\_  
\_\_\_\_\_

Are any taxes, special assessments, utility charges or any other monies delinquent or owed to the City or any other governmental agency of the State by the applicant or organization on behalf of which application is being made: \_\_\_\_ Yes \_\_\_\_ No – If yes, give details: \_\_\_\_\_

\*License Fee - \$150 per year

\* Investigative Fee (non refundable) – \$50 for a new license and \$25 for a renewal license

\* Bond - \$5,000 made payable to the City of Brainerd and current for the entire license year

\* Certificate of Insurance showing proof of worker’s compensation coverage

I hereby certify that the information provided herein is true and correct to the best of knowledge and belief and that the City Council of the City of Brainerd may rely on the accuracy of such information provided in determining whether or not a license should be issued.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ Notary Public

(notary seal)

FOR OFFICE USE ONLY

POLICE DEPARTMENT

This is to certify that the information in this application, as pertains to the applicant, spouses, and/or associates, has been verified.

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Police Chief Signature

Date

FIRE DEPARTMENT

This is to certify that the premises herein described have been inspected and that the premises comply with our inspection standards relating to fire protection.

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Fire Chief Signature

Date

PLANNING DEPARTMENT

This is to certify that the premises have been inspected and are in compliance with the Brainerd Zoning Code.

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City Planner Signature

Date

BUILDING DEPARTMENT

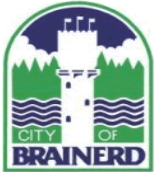
This is to certify that the premises have been inspected and are in accordance with all local, state and federal building and safety codes.

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Building Official Signature

Date

Date of Council Action: \_\_\_\_\_ License Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_



# CITY OF BRAINERD

## AUTHORIZATION & RELEASE

The undersigned, having filed an application with the City of Brainerd realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application, does hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City or any of its representatives and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records and other information.

### Please complete the following information:

Full Name (please print): \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_

Please list **all** other names you are or have been known by, to include maiden name, previous married names, alias names, and nicknames: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Previous Address: \_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_ personally appeared before me to be the signer of  
Date Full Legal Name of Applicant

this document.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

(SEAL)

CITY OF BRAINERD

FORM SP:C1 - TAX CLEARANCE INFORMATION

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses. The licensing authority is require 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:

1. 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:
2. 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 Services :
3. Failure to supply this information may jeopardize or delay the processing of your licensing insurance or renewal application.

Please supply the following information and return along with your application to the agency issuing this license. Do not return to the Department of Revenue.

LICENSE BEING APPLIED FOR OR RENEWED:

LICENSING AUTHORITY: City of Brainerd

LICENSE RENEWAL DATE:

PERSONAL INFORMATION (if applicable):

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

City _____	State _____	Zip Code _____
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Social Security Number \_\_\_\_\_

BUSINESS INFORMATION (If applicable):

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City _____	State _____	Zip Code _____
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Minnesota Tax Identification Number \_\_\_\_\_

Federal Tax Identification Number \_\_\_\_\_

If Minnesota Tax Identification number is not required, please explain on the reverse side.

Signature _____	Position(Officer, Partner, Individual, Etc.) _____
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# Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

**A valid workers' compensation policy must be kept in effect at all times by employers as required by law.**

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

I have attached a copy of the permit to self-insure.

**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

I am not required to have workers' compensation insurance coverage because:

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_

Other: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS PORTION:**

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.**

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.