



**City of Hastings
Application for City License**

**Pawnbroker/Precious Metal Dealer
New
Part I - General Information**

DATA PRIVACY NOTICE: *The data supplied will be used in conjunction with a license application under the City's ordinance governing Massage Therapists. You are not legally required to provide this data, but we will not be able to grant a License without it. If a License is granted, the data constitutes a public record, and copies may be issued to anyone. The data requested is needed to distinguish this application from others; to identify this application in City license files; to verify the identity of the applicant; to contact the applicant if additional information is required; and to determine if the applicant meets all ordinance requirements.*

This application should be typewritten or printed clearly in ink by the applicant.

Type of License: Pawnbroker Precious Metal Dealer

Class A - Licensees that submitted four hundred (400) or more transactions.

Class B - Licensees that submitted fewer than four hundred (400) transactions.

Type of Applicant: Individual Corporation Partnership

Name of Applicant: _____

Business Name (if different): _____

Business Address: _____ Phone: _____

****If applicant does not own the business address, applicant must submit a true and complete copy of the executed lease.**

If business is to be conducted under a designation, name, or style other than the name of the applicant, ATTACH a certified copy of the Certificate of Assumed Name as required by Minnesota Statutes, Section 333.02.

ATTACH a list of owners and their respective percentages, totaling 100%

Does applicant hold a current pawnbroker, precious metal dealer, or secondhand goods dealer license from any other governmental unit? Yes No

If yes, indicate where licensed: _____

SECTION 1: TYPE OF APPLICANT

Complete only one part of this section (individual OR corporation OR partnership). All persons listed in this section MUST complete Part II—Personal History in full.

INDIVIDUAL

Full Name: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

PARTNERSHIP

Full Name: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Full Name: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Full Name: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

****ATTACH A COPY OF THE PARTNERSHIP AGREEMENT**

CORPORATION

Name: _____

State of Incorporation or Association: _____

Hastings Address: _____ Phone: _____

Home Office Address: _____ Phone: _____

OFFICERS

PRESIDENT

Full Name: _____

Residence Address: _____ Phone: _____

VICE PRESIDENT

Full Name: _____

Residence Address: _____ Phone: _____

SECRETARY

Full Name: _____

Residence Address: _____ Phone: _____

TREASURER

Full Name: _____

Residence Address: _____ Phone: _____

All persons who singly or together with their spouse and/or his/her parents, brother(s), sister(s), or children, OWN OR CONTROL AN INTEREST in said corporation IN EXCESS OF FIVE PERCENT:

Full Name: _____ Phone: _____

Residence Address: _____ Interest: _____ %

Full Name: _____ Phone: _____

Residence Address: _____ Interest: _____ %

Full Name: _____ Phone: _____

Residence Address: _____ Interest: _____ %

ATTACH:

- **Copy of Certificate of Incorporation**
- **Copy of Articles of Incorporation or Association Agreement**
- **Copy of By-Laws**
- **Foreign Corporations: attach copy of Certificate of Authority**

SECTION 2. PERSONS IN CHARGE OF LICENSED PREMISES

All applicants must complete this section. A Part II—Personal History, must be completed and filed with this application by each person in this section.

MANAGER/MANAGING PARTNER/OTHER in charge of this licensed premises.

Full Name: _____

Residence Address: _____ Phone: _____

Full Name: _____

Residence Address: _____ Phone: _____

Full Name: _____

Residence Address: _____ Phone: _____

SECTION 3. MISCELLANEOUS

All applicants must complete this section. If the premises is planned, under construction, or undergoing substantial alteration, the application must be accompanied by a set of preliminary plans showing the proposed design. If the plans are on file with the Inspections & Code Enforcement Department, such note should be made on this application and additional plans do not need to be filed.

LEGAL DESCRIPTION of the premises to be licensed. _____

ZONING classification under the City's Zoning Ordinance _____

Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the state, county, school district, or City of Hastings delinquent or unpaid for the premises to be licensed?*

Yes No

If yes, give years and amounts unpaid: _____

*Note: In the event a suit has been commenced under Minnesota Statutes, Section 278-01—278.13 questioning the amount or validity of taxes, the City of Hastings may, on application, waive strict compliance with the requirement that all taxes and assessments be paid; however, no waiver may be granted for taxes which remain unpaid for a period exceeding one year after becoming due.

I hereby certify that all statements made in this application are true and complete and understand that any misstatements or omissions of material facts may result in disqualification or denial of the license.

Printed Name of Applicant

Signature of Applicant

NOTARY

Subscribed and sworn to me before a notary public on this _____ day of _____, 20_____.

SEAL:

Notary Signature

“The City of Hastings distributes general city information and notices electronically through an electronic notification system. As an applicant for a new business license or for a renewal of an existing business license, you can sign up to receive notices through the city’s electronic notification system by sending an email to OrdinanceAmendment-subscribe@hastingsmn.gov. “

City of Hastings
101 Fourth Street East
Hastings, MN 55033
651-480-2350
www.hastingsmn.gov

City Use Only	
Application Received	License Fee Paid
Background Check Conducted	City Council Approval
Background Check Completed	License Issued



**City of Hastings
Application for City License**

**Application for Pawn Broker/Precious Metal License
New
Part II – Personal**

Directions: This application must be completed in full by all new applicants and any individuals as required by Part I—General Information:

- **The individual applicant,**
- **By each partner,**
- **By each officer or director,**
- **By each manager, proprietor or other person with management responsibilities for the premises,**
- **By each person who by combined ownership or control has an interest in a corporation or association in excess of five percent (5%).**

Please print clearly or type

Date

Full Name: _____
Last First Middle

Maiden Name: _____

Residence Address: _____

City/State/Zip: _____ Phone: _____

Business Name: _____

Business Address: _____

City/State/Zip: _____ Phone: _____

Place of Birth: _____ DOB: _____

U.S. Citizen? Yes No

Street Address	City/State/Zip	Dates
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Street Address	City/State/Zip	Dates
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Business History

Kind, name and location of every business or occupation you have been engaged in during the preceding five years: (Begin with present/last occupation and work back.)

Business or Occupation	Street Address City/State/Zip	Dates
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Business or Occupation	Street Address City/State/Zip	Dates
------------------------	-------------------------------	-------

Business or Occupation	Street Address City/State/Zip	Dates
------------------------	-------------------------------	-------

Names and addresses of your employers and partners, if any, for the preceding ten years: (Begin with present/last employer/partner and work back.)

Employers or Partners	Street Address City/State/Zip	Dates
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Employers or Partners	Street Address City/State/Zip	Dates
-----------------------	-------------------------------	-------

Employers or Partners	Street Address City/State/Zip	Dates
-----------------------	-------------------------------	-------

Do you currently hold a pawnbroker, precious metal dealer, or secondhand dealer license from any other governmental unit? Yes No

If yes, indicate where: _____

Have you ever previously been denied, or had revoked or suspended, a pawnbroker, precious metal dealer, or secondhand dealer license from any other governmental unit?

Yes No

If yes, indicate where: _____

Criminal History

Have you, your spouse, parent, brother, sister, or child of either of you or your spouse, ever been convicted of any felony, crime or violation of any ordinance, *other than traffic*? Yes No

If yes, give information as to the date, place and offense for which convictions were had:

Military History

Have you been in military service? Yes No

If YES, was discharge honorable? Yes No

Physical Description

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Financial Information

Have you or your spouse ever filed for bankruptcy either as individuals, jointly, or in connection with any business you have had an interest in?
Yes No

If yes, please explain: _____

True copies of the applicant's federal and state tax returns for the two (2) years prior to application.

Character Information

Please provide the following information on three residents of the State of Minnesota, of good moral character, not related to the applicant or financially interested in the premises or business, who may vouch for the applicant's character:

Full Name: _____
Last First Middle

Maiden Name: _____

Residence Address: _____

City/State/Zip: _____ Phone: _____

Full Name: _____
Last First Middle

Maiden Name: _____

Residence Address: _____

City/State/Zip: _____ Phone: _____

Full Name: _____
Last First Middle

Maiden Name: _____

Residence Address: _____

City/State/Zip: _____ Phone: _____

The applicant agrees that if a pawn broker/precious metal license is issued, the applicant will comply with all Federal and State laws and City of Hastings Ordinances; regarding pawn broker/precious metal licensed now in effect and as they may be amended in the future. The applicant understands that violation of these laws may result in a suspension or revocation of the license. The applicant verifies that all information provided in this application is complete and true. The applicant further understands that providing incomplete or false information on this application will result in denial of the application.

Name of Applicant

Title

Signature

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City of Hastings
101 Fourth Street East
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For City Use Only:	
Application Received	License Fee Paid
Background Check Conducted	City Council Approval
Background Check Completed	License Issued

**CITY OF HASTINGS
RELEASE OF INFORMATION**

Per Hastings City Ordinance 33.01 the City of Hastings requires a check of the criminal history for all potential employees, volunteers of the city, and independent contractors as defined in City Employee handbook (*Chapter 2, D*). The City of Hastings is offering employment to the undersigned, subject to positive results of various investigations. Please complete the below required information, including notarization of your signature, and complete all other documents. You will be informed of your status when your investigation is complete. The City of Hastings has notaries on staff.

The undersigned authorizes the City of Hastings to obtain, and the State of Minnesota and the Hastings Police Department to release all information in the State of Minnesota Justice Information Services (MNJIS), Hastings Police Department Records Management System, and private data, as defined by Minnesota Statute 13.02, Subdivision 12 regarding the undersigned, to include criminal history record information retained by the Minnesota State Bureau of Criminal Apprehension. The undersigned further releases the City of Hastings, the State of Minnesota and the Hastings Police Department or other agencies used in conducting the background investigation from any claims or damages which the undersigned might incur as a result of the City obtaining this information from the State of Minnesota, the Hastings Police Department or other agencies. This authorization is effective for three months following the date of execution.

This information is being requested by the City to determine whether the undersigned is disqualified from being an employee, volunteer or an independent contractor for the City. Under Minnesota State Law, the City can disqualify a person from employment/volunteer service because of a criminal conviction only if the conviction directly relates to the proposed job. This information is classified as private personnel data and will be provided only to those City employees or agents who have a need to review it. The City does not intend to release the information to any other party, but may be required to do so by subpoena or court order. The undersigned may refuse to authorize the release of this information, but refusal will result in disqualification as either an employee, volunteer or independent contractor.

Please print clearly

Full Name (*last, first, middle & maiden name if applicable*) _____

Date of Birth _____ Activity/Position _____

Home Address _____

Home Phone Number _____ Cellular Phone Number _____

Driver's License # _____ State of DL _____

Previous Address(es) (*if different than above*) for last 10 years

Street address _____ city _____ state _____ zip _____

Street address _____ city _____ state _____ zip _____

Please use other side if you need to list more addresses

Signature _____ Date: _____

If under 18, parent/guardian signature is also required

Printed Name of Parent/Guardian _____ Parent's Signature _____

Parents Address & Phone Number (*if different from above*) _____

NOTARY

The foregoing was acknowledged before me this _____ day of _____ 20____ by _____

Notary Signature _____ Commission Expires on _____

Seal:

For Office Use Only:	Date to Applicant _____ SASE Enclosed _____	Date to Police _____ Reviewed by Staff _____	Date Returned _____
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INFORMATION FOR LICENSE INVESTIGATION FOR CITY OF HASTINGS

101 4th Street East
 Hastings, MN 55033
 651-480-2350

Type of license applying for:

- Liquor Tobacco Peddlers Solicitors
 Haulers Amusement Massage Other _____

New Renewal

LOCAL BUSINESS INFORMATION

Local business name _____ Store # _____

Local business address _____ Local business phone _____

Local business representative _____ e-mail _____

Position manager
 owner
 other _____

Full name _____

Home Address _____

Length of Time at this Address _____ If less than 3 years, list previous addresses for last 3 years

Home Phone _____ Cell Phone _____

Social Security Number _____ Drivers License _____ State Issued _____ Expiration Date _____ Number _____

Date of Birth _____ Race _____ Gender M F

Current Employer _____

Previous Employer(s) past 10 years: _____

CORPORATE INFORMATION: (if applicable)

Corporate name	_____		
Corporate address	_____		
Corporate contact	_____		
Phone	_____	e-mail	_____

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

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

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

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

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

TAX IDENTIFICATION FORM

LICENSE APPLICANT:

Pursuant to *Minnesota Statute 270C.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:

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 Service:
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

Name of Applicant _____

Social Security #* _____
For individual business owner only, not partnership, corporation, etc.

Type of Business _____

Minnesota Tax Identification # _____

Federal Tax Identification # _____

Signed by _____ Date _____

Print Name of Person Signing: _____

If a Minnesota Tax Identification Number is not required, please explain below.

*2008 Minnesota Statutes

270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.

Subd. 4. Licensing authority; duties.

All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

History: 2005 c 151 art 1 s 87

TENNESSEN WARNING

When the City of Hastings ("City") collects private/confidential data from an individual about that individual, the City is required under Minn. Statute § 13.04, subd. 2, to provide a Tennessee warning Notice. The purpose of this Notice is to enable individuals to make an informed decision about whether to give data about themselves to the City.

Classification of Data Provided

Under Minnesota Statute § 13.41, subd. 2, regulating licensing data obtained by a public entity, names and the designated contact address and telephone number are public data and available upon request. All other information provided on your application prior to licensure approval is classified by law as private data and is accessible to you, but not to the public. Upon license approval, all information provided on your application is public data, EXCEPT for: date of birth, social security, non-designated or secondary contact address and telephone number, financial data, state and federal tax ID's, or data classified under Minnesota Statute § 13.02, subd. 12, as private or subd. 13 as protected nonpublic. Public data is available to any person upon written request to the City.

Purpose and Intended Use

The data requested on each application will be used in determining whether you meet the City qualifications and requirements for the license for which you are applying. Data from your application will also be relied upon for contact and communication purposes by the City and for the Hastings Police Department to perform the background check required by Hastings City Code § 5.02.

Failure to provide any of the requested information could result in the delay or possible denial of your initial or renewal application. All data collected and stored may be shared upon court order or with other government entities as authorized by law.

I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.

Signature

Date

Executed this _____ day of _____, 20____.

Notary Public

**City of Hastings
Acknowledgement of
Review of Ordinance**

I hereby certify that I have reviewed the City's Ordinance found on the City of Hastings Website, www.hastingsmn.gov, and applicable resolutions and related information and will familiarize myself with the contents thereof. I understand that it is my responsibility to comply with the provisions of state law and local regulations with regard to the license for which I am applying.

Business

Business Representative Name & Title

Date