

Pawn Broker/Precious Metal Dealer License

City Code Chapter 110.11

Licensing Period: June 30 – July 1



Fees:

_____ Investigation Fee:	\$500.00 (up to \$10,000)
_____ License Fee:	\$2,000.00
_____ Reporting Fee:	\$1.35 (per transaction)

APPLICATION CHECKLIST:

To prevent delay, please ensure the following items are submitted.
Incomplete requests are not accepted and will be returned immediately.

- Pawn Broker/Precious Metal Dealer License Application
 - Part I – Business Information
 - Part II – Personal Information
- True and Complete Copy of the Executed Lease of the Property to be Licensed (*if not owned by the applicant*)
- Certified Copy of Assumed Name (*required by Minnesota Statutes, Section 333.02*)
- Application Fees
 - Check should be made payable to the City of Hastings. Credit card and cash are also accepted.
All credit/debit card payments will be assessed a convenience fee.
- COLOR** Copy of Driver's License or other form of Government Issued Identification

APPLICATION PROCESS:

- Submit the completed application packet along with the required fee(s) to the Deputy City Clerk.
- Once all required documents and fees have been received, the request will be reviewed. Please allow up to 10 business days for review after all materials have been submitted.
- If additional details or documentation is needed, the organization will be contacted by the Deputy City Clerk.
- The City of Hastings Police Department will perform a Criminal History Investigation on the applicant.
- Once the Criminal History Investigation is complete and all fees are paid, the massage therapist license application will be considered by City Council.
- The license shall be posted in a conspicuous place in the licensed establishment at all times throughout the licensing period.
- After the initial review is completed, all gambling requests must be submitted to the City Council for consideration.

The data you furnish on this application will be used by the City of Hastings in the issuance of your license. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Hastings may be unable to process this application. Disclosure of your Minnesota Business Tax ID Number and Social Security Number is required by Minnesota Statutes 270C.72, and your Minnesota Tax ID Number and/or Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information contained in this application except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

Partnership:

Full Name:
Residence Address:
City/State/Zip Code:
Phone Number:
Business Address:
City/State/Zip Code:
Business Phone Number:

Full Name:
Residence Address:
City/State/Zip Code:
Phone Number:
Business Address:
City/State/Zip Code:
Business Phone Number:

(Please initial)

_____ I have attached a copy of the partnership agreement

Corporation:

Name:
State of Incorporation or Association:
Local Business Address:
Phone Number:
Home Office Address:
City/State/Zip Code:
Business Phone Number:

Corporation Continued - Officers:

President

Full Name:
Residence Address:
City/State/Zip Code:
Phone Number:

Vice President

Full Name:
Residence Address:
City/State/Zip Code:
Phone Number:

Secretary

Full Name:
Residence Address:
City/State/Zip Code:
Phone Number:

Treasurer

Full Name:
Residence Address:
City/State/Zip Code:
Phone Number:

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 (5%):
(Attach additional sheets if necessary)

Full Name:	
Residence Address:	
City/State/Zip Code:	
Phone Number:	Interest %:

Full Name:	
Residence Address:	
City/State/Zip Code:	
Phone Number:	Interest %:

Full Name:	
Residence Address:	
City/State/Zip Code:	
Phone Number:	Interest %:

(Please initial)

I have attached the following:

- _____ 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

Persons In Charge of Licensed Premises

All applicants must complete this section. All persons listed in this section MUST complete Part II – Personal Information in full. (Attach additional sheets if necessary)

Manager/Managing Partner/Other

Full Name:	
Residence Address:	
City/State/Zip Code:	
Phone Number:	

Full Name:	
Residence Address:	
City/State/Zip Code:	
Phone Number:	

Miscellaneous Details:

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 Building 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:

Have all real estate and personal property taxes that are due and payable for the premises to be licensed been paid in full?

_____ No _____ Yes

If no, please explain: _____

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

Applicant Name

Applicant Signature

NOTARY

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

SEAL:

Notary Signature

Have you ever been known by a name other than the one listed above?

_____ No _____ Yes

If yes, please list all other name(s) used, including the dates during which each name was used and the location(s) where it was used:

Do you have any convictions of a felony, gross misdemeanor or misdemeanor, other than minor traffic violations?

_____ No _____ Yes

If yes, please provide the date, place of conviction and nature of offense:

Do you hold a Pawn Broker / Precious Metal Dealer License in another City or State?

_____ No _____ Yes

If yes, please list the licensing City or State: _____

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

_____ No _____ Yes

If yes, please explain: _____

Applicant's Spouse Details

Name:

Address:

City/State/Zip Code:

Date of Birth:

Business Name:

Business Address:

Business Phone Number:

Is your spouse a citizen of the United States? _____ No _____ Yes

Have they ever been known by a name other than the one listed above?

_____ No _____ Yes

If yes, please list all other name(s) used, including the dates during which each name was used and the location(s) where it was used:

Employment and Business History

Please list every business or occupation in which you have been engaged during the past five (5) years.
(attach additional sheets if necessary)

For each, provide:

Type of Business or Occupation:

Name of Business/Employer:

Business Address:

City, State, Zip Code:

Dates of Engagement (from month/year to month/year):

Name(s) of Employer(s) and/or Partner(s), if applicable:

Address(es) of Employer(s) and/or Partner(s), if applicable:

Financial Details

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?

_____ No _____ Yes

If yes, please explain: _____

Please initial:

_____ I have attached true copies of my federal and state tax returns for the two (2) years prior to application.

Minnesota Government Data Practices Act
Tennessee Warning

The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data until license approval when the data becomes Public: (Minn. Stat. § 13.41, Subd. 4).

1. Data submitted by applicants (other than names and designated addresses).
2. Orders for hearings and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers and license status.

The following data collected, created, or maintained is classified as Private: (Minn. Stat. §13.41, Subd. 2).

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action.
3. Inactive investigative data relating to violations of statutes or rules.
4. The record of any disciplinary proceeding except as limited by Minn. Stat. §13.41, Subd. 4.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, and/or contracted inspection officials as required by court order; this may include City officials who have a bona fide need to review it. The City of Hastings may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

(Please Initial)

_____ I have read and understand the statements above regarding my rights as a subject of government data.

Ordinance Review

(Please Initial)

_____ I hereby acknowledge that I have read, understand, and agree to abide by the regulations set forth in the City's Ordinance associated with the license for which I am applying. Furthermore, I also understand that I must comply with the provisions of all applicable state laws.

Department of Revenue Details

Pursuant to Minn. Stat. § 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number or individual taxpayer identification number of each license applicant (person signing the application).

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 for licensing authority: City of Hastings

Minnesota Tax ID Number: _____ *If not available, please attach an explanation.*

Federal Tax ID Number: _____

OR if a Sole Proprietorship, Social Security Number: _____

Ordinance Review

(Please initial)

_____ I hereby acknowledge that I have read, understand, and agree to abide by the regulations set forth in the City's Ordinance associated with the license for which I am applying. Furthermore, I also understand that I must comply with the provisions of all applicable state laws.

By signing below, 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

Applicant Signature

Date

**CITY OF HASTINGS
CRIMINAL HISTORY BACKGROUND INVESTIGATION
GENERAL AUTHORIZATION AND INFORMED CONSENT**

The City of Hastings requires a criminal history background investigation for all City license applicants, in accordance with City Code §33.01, Minn. Stat. §299C.72, Subd. 2(c) and Minn. Stat. §340A.402, Subd. 2, as applicable.

As a license applicant, you are being asked to provide personal data, which may include private information about yourself, including name, address, date of birth. You are not required to provide personal data. However, if you do not provide the personal data requested, the City of Hastings will not be able to process the background investigation. Failure to provide the data requested may result in loss of licensing. The City of Hastings and the Minnesota Bureau of Criminal Apprehension (BCA) requires this personal data to perform a search of its systems, tell you apart from other people with the same or similar name, to conduct a background investigation, and to determine eligibility. Any personal information you provide may be shared with people who need the data in order to do their jobs, as allowed by state and federal law, including: employees of the City of Hastings, others you've given authorization to access the data, BCA employees, the Federal Bureau of Investigation (FBI), authorized to receive the records, the state or legislative auditor, to comply with a court order, and anyone else to whom the law says we must or can give the information. Unless specifically defined as "private" or "confidential", all data is defined as "public" under the terms of the Minnesota Government Data Practices Act and may be disclosed upon request.

Check box: I have read the above notice. I understand that information may be shared with others in accordance with the Minnesota Government Data Practices Act.

Please print clearly

First Name:	
Middle Name:	
Last Name:	
Maiden, Alias, Former Name(s):	
Date of Birth:	License Type:
Home Address:	
Cell Phone:	Home Phone:

Criminal History Background Check Authorization

As a license applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. I authorize the Minnesota Bureau of Criminal Apprehension (BCA) and the City of Hastings Police Department to disclose all applicable contact data and criminal history record information to the City of Hastings for the purpose of licensure with the City of Hastings, including private data as defined in MN Statute 13.02. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand I am under no legal obligation to consent to such investigation, but that my refusal to consent may be the basis for denying my application.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Applicant Signature _____ Date _____