

License number _____

Expiration date _____

Application for Precious Metal Dealer License

I _____ as _____
First Middle Last Name (owner, partner or officer)

For and in behalf of _____
(if individual, give full name; if a partnership, give name of all partners; if a corporation, give true corporation name.)

hereby make application pursuant to the provisions of Minnesota Statutes, Chapter 325F, for a license to engage in or transact business as a Precious Metal Dealer in Washington County, MN.

Applicant's Resident Address _____
Zip Phone

Applicant's Date of Birth _____

Business Name _____

Principal Business Address _____
Zip Phone

Name of Owner of Principal Business _____

Date of Birth _____

Resident Address of Owner _____
Zip Phone

Name of Manager/Proprietor of Principal Business _____

Date of Birth _____

Resident Address of Manager/Proprietor _____
Zip Phone

Other business locations within Washington County, MN: (each branch office shall be operated under the same name as the principal office).

1. Branch Office Address _____
Zip

Name of Owner of Business _____ Date of Birth _____
(If different from Principal Business)

Resident Address of Owner _____
Zip Phone

Name of Manager/Proprietor of Business _____

Date of Birth _____

Resident Address of Manager/Proprietor _____
Zip Phone

(Use additional sheets if necessary).

If applicant is a partnership or corporation, list name, position/title, date of birth and phone number of all individuals:

| Name | Position | Resident Address | Phone | Date of Birth |
|------|----------|------------------|-------|---------------|
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I swear or affirm under oath, under penalties of perjury, that all statements made in the above application are true and correct.

_____ Date _____ Signature

Subscribed and sworn to before me this

_____ day of _____, _____.

Signature of notary public or other official

NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK)

Other business locations within Washington County: (each branch office shall be operated under the same name as the principal office).

2. Branch Office Address _____

Name of Owner of Business _____ Zip _____
(If different from Principal Business) Date of Birth _____

Resident Address of Owner _____

Name of Manager/Proprietor of Business _____ Zip _____ Phone _____

Date of Birth _____

Resident Address of Manager/Proprietor _____

Zip _____ Phone _____

Other business locations within Washington County: (each branch office shall be operated under the same name as the principal office).

3. Branch Office Address _____

Name of Owner of Business _____ Zip _____
(If different from Principal Business) Date of Birth _____

Resident Address of Owner _____

Name of Manager/Proprietor of Business _____ Zip _____ Phone _____

Date of Birth _____

Resident Address of Manager/Proprietor _____

Zip _____ Phone _____

Other business locations within Washington County: (each branch office shall be operated under the same name as the principal office).

4. Branch Office Address _____

Name of Owner of Business _____ Zip _____
(If different from Principal Business) Date of Birth _____

Resident Address of Owner _____

Name of Manager/Proprietor of Business _____ Zip _____ Phone _____

Date of Birth _____

Resident Address of Manager/Proprietor _____

Zip _____ Phone _____