

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.

Business Name _____

Principal Business Address _____
Zip Phone

Name of Owner of Principal Business _____

Name of Manager/Proprietor of Principal Business _____

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 _____

Name of Manager/Proprietor of Business _____

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

NAME	POSITION

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 _____, _____.

NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK)

Signature of notary public or other official