

License #33 - _____

Receipt # _____
01 061 5121

APPLICATION FOR PRECIOUS METAL LICENSE

I, _____ (First, Middle, Last)

as _____ (owner, partner or officer)

for and behalf of _____

(list one of the following: if individual, give full name; if partnership, give name of all partners; if 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 Kanabec County.

Business Name: _____

Principal Business Address: _____

City: _____ State: _____ Zip: _____

Name of Manager of Principal Business: _____

Location within the licensing county where purchased secondhand precious metals will be held for the required 14 days: _____

Branch Office Information:

Each Branch shall be operated under the same name as the principal office
List all branch locations within Kanabec County

Branch Office Address: _____

Name of Manager of Branch Office: _____

Branch Office Address: _____

Name of Manager of Branch Office: _____

Branch Office Address: _____

Name of Manager of Branch Office: _____

I swear or affirm under oath, under penalties of perjury, that all statements made in this document are true and correct.

Date: _____ Signature: _____

Subscribe and sworn to before me this ____ day of _____, _____.

Signature of Notary Public or Other Official _____

Notary Stamp Seal or Other Title or Rank

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Confidential Information

If Applicant is an individual, please complete the following:

Resident Address: _____

City, State and Zip: _____

Date of Birth: _____

Resident Phone Number: _____

If Applicant is a partnership or corporation, please complete the following for each officer or general partner *(attach additional sheets if necessary)*

Name: _____

Position: _____

Date of Birth: _____

Resident Address: _____

Name: _____

Position: _____

Date of Birth: _____

Resident Address: _____

Name: _____

Position: _____

Date of Birth: _____

Resident Address: _____

If applicant has a separate Manager and/or Branch Office Manager, please complete the following:

Resident Address of Manager: _____

Resident Phone: _____

Date of Birth: _____

Resident Address of Manager: _____

Resident Phone: _____

Date of Birth: _____