



CITY OF OAKDALE

ADMINISTRATION DEPARTMENT | LICENSING DIVISION

1584 Hadley Avenue North | Oakdale, MN 55128

www.ci.oakdale.mn.us | Licensing@ci.oakdale.mn.us

Direct: (651) 730-2739 | Fax: (651) 730-2820

PAWNBROKER / PRECIOUS METAL DEALER / SECONDHAND GOODS DEALER LICENSE APPLICATION

Whoever shall knowingly and willingly falsify the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly. Please attach additional documents, where it is applicable. *Any applicant's spouse, officer, person in charge of premises, or any person(s) controlling or owning an interest in excess of five (5) percent must complete a supplemental form. All business partners must complete additional application as well.*

SECTION A. PERSONAL			
Relationship to Business: <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Other:			
First Name:	Middle:	Last:	
Maiden Names or Names Known by Others:			
Home Address:			
City:	State:	Zip:	
Home Phone:		Cell Phone:	
E-Mail:			
Social Security #:		Driver's License #:	
Date of Birth:		Place of Birth:	
Eye Color:	Hair Color:	Height:	Weight:
Are you a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No – Complete Below If you answered "NO" above, are you legally a Permanent Resident of the United States? <input type="checkbox"/> Yes – Permanent Resident Card #: _____ (submit a copy) <input type="checkbox"/> No – Complete Below If you answered "NO" above, do you have a Work Authorization Card? <input type="checkbox"/> Yes - Authorization #: _____ (submit a copy) <input type="checkbox"/> No - Please explain: _____			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married – <i>If married, please have spouse complete <u>supplemental form</u>.</i>			

SECTION B. BUSINESS PREMISES	
Company Name:	
Doing Business As:	
Address:	
Phone:	Fax:
E-Mail:	
Website / Social Media Site (Facebook, Twitter, etc....):	
Federal Tax ID:	Minnesota Tax ID:
Select the following type of license applying for: <input type="checkbox"/> Pawnbroker <input type="checkbox"/> Precious Metal Dealer <input type="checkbox"/> Secondhand Good Dealer	
Please select from one of the following: <input type="checkbox"/> This business is NOT a partnership or a corporation because it is individually owned. <input type="checkbox"/> This business is a partnership or a corporation – list all members, officers, and any person(s) controlling or owning an interest in excess of five (5) percent. All partners must complete <u>additional application</u> and all others must complete a <u>supplemental form</u> .	
If new business, date will open:	Number of employees to hire:

SECTION C. HISTORY

List home addresses for all previous residences during the past five (5) years. Start with the most current one first:

Address	City	State	Dates
_____	_____	_____	_____
_____	_____	_____	_____

List full-time and part-time employers for the past five (5) years. Start with the most current one first:

Employer	Address	City	State	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all other businesses you own or operate, licensed under federal or state statute or local ordinance; or if the applicant represents a corporation, list such business:

Business Name	Address	City	State	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all other business licenses you presently hold, or which you have held under your present name or any other name during the past five (5) years:

Type of License	License Number	Issuing Agency	City	State	Dates
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever had a business license denied, suspended, or revoked? No Yes – if yes, please complete below.

Type of License	Issuing Agency	City	State	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been convicted of any felony, gross misdemeanor, misdemeanor, or ordinance violation, other than traffic matters? No Yes – if yes, please complete below.

Offense	City	State	Dates
_____	_____	_____	_____
_____	_____	_____	_____

Have you, any employee, owner, or officer of the business or corporation, or the business as an entity, ever been charged with any violation of any law or ordinance related to the operation of the business? No Yes – if yes, please complete below.

Offense	City	State	Dates
_____	_____	_____	_____
_____	_____	_____	_____

SECTION D. PROFESSIONAL REFERENCES

List 3 professional references who are unrelated to you, from the 7 county residential areas, and have no ownership in your business premises.

Full Name:		Job Title/ Relationship to Applicant:	
Address:			
City:	State:	Zip Code:	
Phone Number:	Work Phone:		
E-Mail:			

Full Name:		Job Title/ Relationship to Applicant:	
Address:			
City:	State:	Zip Code:	
Phone Number:	Work Phone:		
E-Mail:			

Full Name:		Job Title/ Relationship to Applicant:	
Address:			
City:	State:	Zip Code:	
Phone Number:	Work Phone:		
E-Mail:			

SECTION E. MANAGER

List the person who will serve as Manager(s) for this business establishment AND have them each complete a supplemental form:

Full Name	Phone	Address	State	Date of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION F. LICENSING POINT OF CONTACT

List the person who will serve as the licensing point of contact. This person will handle all licensing materials and questions from the City.

Full Name:		Job Title/ Relationship to Applicant:	
Address:			
City:	State:	Zip Code:	
Phone Number:	Fax Number:		
E-Mail:			
Preference for receiving licensing materials: <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail			

SECTION G. EMERGENCY CONTACT

List the emergency contact information for the business / applicant. This person CANNOT be the same person as the applicant.

Full Name:		Job Title/ Relationship to Applicant:	
Address:			
City:	State:	Zip Code:	
Phone Number:	Fax Number:		
E-Mail:			

SECTION H. INSURANCE INFORMATION

- I have liability insurance coverage – *Please submit a copy of certificate liability insurance.*
- I do NOT have liability insurance coverage.

- I do have workers' compensation liability coverage – *Please submit a copy of certificate liability insurance.*
- I am not required to have workers' compensation liability coverage because:
 - I have no employees
 - I am self-insured (include permit to self-insure)
 - I have no employees who are covered by workers' compensation law (these include: Spouse, Parents, Children and certain farm employees).

By signing below, I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

Applicant Signature

Date



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TENNESSEN WARNING

Pursuant to Minn. Statutes, 13.04, Subd. 2 and other applicable divisions of the Minnesota Government Data Practices Act, license applicants must be informed of their rights concerning the provision of private or confidential data requested in this application. Private and confidential data requested in this application is required for the following purposes:

1. To confirm the applicant's identity and qualifications to perform the functions regulated under this license.
2. To allow the city to perform necessary investigation of applicants for the protection of public health and safety.
3. To limit city liability arising from failure to exercise due care with respect to the regulation of commerce or public conduct.

Private information requested, including identification, medical and criminal history data, will be used by law enforcement personnel in investigating the qualifications, moral conduct, and suitability of applicants to provide service to the public. Applicants can decline to provide the information requested in this application form, however, if an applicant fails to provide the requested information or supplies incomplete or inaccurate information, the license may be denied, suspended, or revoked. If information supplied in this application is subsequently used in a criminal prosecution of the applicant, the result may include a fine, imprisonment, or other penalty order by the court subsequent to conviction. Individuals authorized access to the private or confidential data contained in this application includes city employees whose duties require such access; local, state, and federal public safety personnel conducting related investigations; state and federal revenue authorities; and lawfully mandated reporting agencies. A specific exception to the confidentiality of data supplied in this application exists as follows:

Minn. Statute 13.41, Subd. 5.

Any licensing agency may make any data classified as private or confidential, pursuant to this section, 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.

Questions concerning this warning, or the effect of providing or failing to provide requested information should be directed to the Chief of Police, Oakdale, Minnesota 55128, telephone (651) 738-1022.

INFORMED CONSENT

The City of Oakdale requires criminal background checks for all Pawnbroker / Secondhand Goods Dealer / Precious Metal Dealer License applicants. The Oakdale Police Department is responsible for maintaining all criminal history data retrieved during the criminal background check.

First Name:	Middle:	Last:
Maiden Name or Names Known by Others:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy):	
ID / Driver's License Number:	State of ID / License Issuance:	
Social Security Number:		

By signing below, I have read and understood the Tennesen Warning. I authorize the Oakdale Police Department to access the Minnesota Bureau of Criminal Apprehension criminal history record information for the purpose of obtaining a pawnbroker / secondhand goods dealer / precious metal dealer license in the City of Oakdale. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Applicant Signature

Date

APS STORE INFORMATION

Please duplicate this form if you have multiple stores.

The following information must be entered for each store before transactions can be entered by or for that store

STORE DESCRIPTION

Jurisdiction Code		Agency Code	
Store Name			Store Code:
Street Address		City	
State	Zip	Phone	Cell Phone
Fax		Email Address	

STORE CONTACTS

Owner Name: _____ Owner Email: _____ Home/Cell Phone: _____

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Manager/Contact Name: _____ Cell Phone/Email: _____

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Business Days:
SU MO TU WE TH FR SA

Name of Point of Sale Software that will be used by store? New install or in use now?

If business is NOT a pawn shop, how will they transaction information into APS?
 Using APS-Biz Directly from their custom Point of Sale Software

Ordinance Information	Pawn Redemption Period	Pawn Holding Period	Buy/Purchase Holding Period	Transaction FEE Electronic / Manual

Is store required to take photos? Customer non-serialized items:
 Or
 Do they take photos? Customer non-serialized items:

LICENSE INFO

Primary License Type: _____ Secondary License Type (if applicable) _____
 Select One Pawn Pawn

- | | |
|---|---|
| <input type="checkbox"/> Precious Metals | <input type="checkbox"/> Precious Metals |
| <input type="checkbox"/> Secondhand Goods | <input type="checkbox"/> Secondhand Goods |

Form filled out by: _____ Date: _____

FAX COMPLETED FORM TO: (612) 673-2619 (Attn: Mary Sullivan) or EMAIL COMPLETED FORM to: mary.sullivan@minneapolismn.gov

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 Minnesota Statutes 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	
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		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

Number 1 – Workers' compensation insurance policy information

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

Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not 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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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.