

License number
MN Tax ID, Fed ID, or SSN

Expiration date
email or phone:

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

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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

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

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

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

Notary 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 Zip Phone

Name of Manager/Proprietor of Business

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 Zip Phone

Name of Manager/Proprietor of Business

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 Zip Phone

Name of Manager/Proprietor of Business

Date of Birth

Resident Address of Manager/Proprietor Zip Phone