

License number

expiration date

### Application for Precious Metal Dealer License

Print: First

Middle

Last Name

as

(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

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

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.

Signature:

date:

phone:

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)