



SECOND HAND GOODS DEALER APPLICATION

LICENSE FEE: \$500.00 *Payable to the City Of Hibbing*

BOND REQUIRED: Before issuing a second hand dealer's license, the applicant shall file with the City Clerk-Treasurer a bond in the penal sum of \$1,000.00 in favor of the City, with sufficient sureties approved by the Council and in a form approved by the City Attorney.

BUSINESS INFORMATION:	
Name of Business:	
Address of Business:	
Business Phone #:	
Premise Ownership:	Does the applicant own the business premises? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, attach complete copy of executed lease.</i>
	Are all real estate and personal property taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If undergoing construction of premises, preliminary plans must be attached.

APPLICANT INFORMATION:

FULL NAME: _____
First _____ Middle _____ (Maiden) _____ Last _____

Have you ever used or have you been known by a name other than the one listed above?

If yes, provide dates and locations used _____

HOME ADDRESS: _____
Street _____ City _____ State _____

Length of Time at Present Address: _____ **Citizen of U.S.A.** Yes No

DATE OF BIRTH: _____ **Place of Birth:** _____

Home Phone: () _____ **Cell:** () _____

Have you ever been convicted of a felony, crime, or violation of any ordinance other than a traffic ordinance? If so, the applicant must furnish information as to the time, place, and offense of all such convictions.

PREVIOUS RESIDENCE for the past 5 years:				
Dates	Street Address	City	State	Zip Code

APPLICANT'S EMPLOYMENT HISTORY:*List type, name, and location of each occupation during the past 5 years, beginning with present time*

Dates	Occupation	Type of Business	Employer	Employers Address

APPLICANT INFORMATION: Physical description of applicant**Height:****Weight:****Hair Color:****Eye Color:****Distinctive Characteristics:****IF THE APPLICATION IS A PARTNERSHIP:**Do you have a business partner or partners? Yes No *If yes, provide names and addresses of each*

Does the business have a manager or other person in charge of the business? Yes No*If yes, provide information* _____Is the business a partnership? Yes No*If yes, provide a true copy of the partnership agreement.*Is the business a corporation? Yes No*If yes, provide true copy of the certificate of incorporation.*

List all persons who control or own an interest in excess of five (5%) percent in the business

Do you currently hold a pawn broker, precious metal or second hand goods license? Yes No*If yes, provide information* _____Have you had a pawn broker, precious metal, or second hand goods license revoked, denied, or suspended?
 Yes No*If yes, provide information* _____

CRIMINAL BACKGROUND CHECK AUTHORIZATION

All persons applying for a Second Hand Goods Dealer License must submit a fingerprint card to a background check. Fingerprint cards can be obtained from the Hibbing Police Department. Checks are performed by the Hibbing Police Department and the Bureau of Criminal Apprehension (BCA).

Date: _____

The following named individual has made application with the City of Hibbing for a Second Hand Goods Dealer License.

Last Name of Applicant (*please print*): _____

First Name (*please print*): _____

Middle (*full/please print*): _____

Maiden, Alias, or Former (*please print*): _____

Date of Birth: _____ **Sex:** (M or F): _____

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Hibbing Police Department for the purpose of a Second Hand Goods Dealer License with the City of Hibbing.

The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

Signature of Applicant

Date

Notary:

State of Minnesota
County of St. Louis

Signed before me _____ this _____ day of _____, 20____

Stamp:

Notary Public