Personal Information Form

This form must be completed by each of the following with a copy of your driver's license or government issued photo ID attached.

•								
Precious Metal Dealers o Applicant Manager(s) Owners	r Secondhand Goods De	ealers:						
Pawnbrokers:								
Applicant								
Manager(s)								
Officers								
	and Shareholders who	o own 5% or i	more of compa	ny shar	es If you	•		
			•	•	•			
	ly traded, owners, part	ileis, allu silale	enoluers do not	need to	o complete	:		
this form.								
	I. Bad	ckground Info	rmation					
Legal Corporate Name of Business			Trade Name of Business (DBA)					
Legar corporate Name o	Dasiness	Trade Ivanie	. or business (bb	, ,,				
Street Address of License	ed Premises	Zip Code	Business Pho	ne	Cell Phone			
Street Address of Electised Fremises								
Your Name (First, Middle, Last)		Place of Birt	·h (City State)		Date of Birth			
		Tiace of bire	Place of Birth (City, State)			Date of Birth		
		011		I a	-: o l			
Residential Street Address		City		State	Zip Code			
Social Security Number of	or Individual Tax ID	First, middle	e, or last names y	ou hav	e ever used	l or been		
Number (ITIN) Required:		known by:	known by:					
, , ,		·						
Email Address		Title	Title			% of ownership		
		Title						
List your re	esidences for the past fi	ive years. Attac	ch additional she	ets if n	ecessary.			
Street Address		City, State, 2			From	То		
Street Address			I v			1.0		
list nan	ne of employers, occup	ations, and add	resses for the n	ast five	vears.	<u>L</u>		
Ziot itali	• • •	tional sheets if	•	350 1100	years.			
Employer	Occupation	Street Addre	ess, City, State, Z	ip.	From	То		
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II. License History									
Do you have any current pawnbroker, precious metal dealer or secondhand goods dealer licenses?									
Yes No If yes,									
Name	Address	City	State Zip	From	То				
Have you ever had a pawnbroker, precious metal dealer or secondhand goods dealer license denied, revoked or suspended? Yes No If yes, explain.									
	II	I. Data Privacy Ac	lvisory						
Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records. You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application. The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public. This Authorization for Release of Information will expire two years from the date you signed it.									
7		IV. Verificatio	n						
The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. After we approve your license, all information is public (MN Statutes, Chapter 13). I will strictly comply with all the laws of the State of Minnesota governing the taxation and sale of intoxicating liquor and beer; the rules and regulations enforced by the Liquor Control Commissioner; and all ordinances of the City of Minneapolis. I hereby certify that I that the answer to every question is true of my knowledge, information, and belief. I further understand that the giving of false information in this application, regardless of when it is discovered, and/or the failure to give required pertinent information is cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be ground for prosecution for perjury. A signature is required. I have read and understand the above Data Practices Advisory. I have read and agree to the Terms and Conditions for electronic signatures, records and payment. I,									
By typing your name, you		•							
Signature	,	Title		Date					