



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415–1316
 Phone: 612-673-2080
 Fax: 612-673-3399 - TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

DBA:
Expiration: January 1
License Code: 273
Rev Code: 311008
<u>MCO</u> : 324
Adm Issuance: NO
LICENSE ID #
CSR:

License Application Guidelines and Checklist

License Type: Pawnbroker

DEFINITION: Any natural person, partnership or corporation, either as principal, or agent or employee thereof, who 1) loans money on deposit or pledge of personal property or other valuable thing, 2) deals in the purchasing of personal property or other valuable thing, on condition of selling the same back again at a stipulated price or 3) loans money secured by chattel mortgage on personal property, taking possession of the property or any part thereof so mortgaged. This also includes buying personal property previously used, rented or leased, or selling it on consignment.

Application Checklist

Submit completed items below to:

[Minneapolis Development Review](#) - 250 South 4th Street – Room 300, Minneapolis, MN 55415

Staff Initials	Application Checklist
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. <u>Zoning</u> Addendum (Form #2)
	<input type="checkbox"/> 3. Supplemental Applications/Affidavit completed by each owner, partner, corporate officer and shareholder. (Form #3)
	<input type="checkbox"/> 4. Data Privacy Form authorizing the release of criminal history information for each owner, partner, corporate officer and shareholder. (Form #4)
	<input type="checkbox"/> 5. \$5,000 Bond (Form #5)
	<input type="checkbox"/> 6. Ownership Information: <input type="checkbox"/> Proprietorship: Provide a copy of certificate of assumed trade name. <input type="checkbox"/> Partnership or Shareholder: Provide a copy of the signed and executed partnership agreement. <input type="checkbox"/> Corporation: Provide a copy of the Certificate of Incorporation, Articles of Incorporation, by-laws and Certificate of Authority if a foreign corporation.
	<input type="checkbox"/> 7. True and complete copy of the executed lease agreement, contract for the business and/or building.
	<input type="checkbox"/> 8. Preliminary plans showing design of premises to be licensed.
	<input type="checkbox"/> 9. Proof that real estate taxes are paid. Contact Hennepin County. (612)348-3011
	<input type="checkbox"/> 10. Financial Statements: Attach a current personal financial statement and true copies of the applicant's federal and state tax returns for the previous two (2) years.
	<input type="checkbox"/> 11. Investigation Fee: \$1,500 payable to the Minneapolis Police Department
	<input type="checkbox"/> 12. Fee: _____ plus New License <u>Surcharge</u> _____

Your License Application

- Incomplete applications will be returned.
- All applications must be signed by an owner, partner or principal.
- No license will be issued for a period longer than one year.
- Licenses are not transferable.
- Make a duplicate copy of this packet for your personal records before submitting.
- [Minnesota Sales Tax ID Number](#) or 651-296-6181.
- If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.

Bond

- Information must be on the attached City of Minneapolis Bond Form. This is a continuous bond and valid until cancelled.
- The amount of the bond must be the same as the amount listed above.
- The name of the licensee and the principal on the bond must be the same.
- Bond must be signed and notarized by the principal and the agent/surety. There must be two witnesses for each signature.
- Bond must include an acknowledgement of surety and the agent's power of attorney.

Investigation Fee: Applicants shall deposit one thousand five hundred dollars (\$1,500) with the Police License Inspector at the time the original application is submitted to cover the costs involved in verifying the license application and the expense of any investigation. If the Investigation is limited to the State of Minnesota, the cost shall be \$500 and the remainder of the deposit shall be returned to the applicant. If the investigation is conducted outside of the State of Minnesota, the applicant is responsible for actual investigation costs not to exceed then thousand dollars (\$10,000).

Information in Other Languages: Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



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FOR OFFICE USE ONLY:
LICENSE ID #:
LIC CLERK:
FEE: \$
DATE:

LICENSE APPLICATION

1. BACKGROUND INFORMATION

Form section 1: BACKGROUND INFORMATION. Includes fields for Type of License, Minnesota Sales Tax ID Number, Legal Corporate Name of Business, Business Address/Location, Mailing Address, Name of Person Filling out this Application, E-mail Address, Name of Manager and Home Address, Date of Birth, Type of Ownership, Date of Incorporation, and State of Incorporation.

Is this business publicly traded? Yes No

2. LIST ALL OWNERS, PARTNERS AND CORPORATE MEMBERS (Attach additional sheet if necessary.)

Form section 2: LIST ALL OWNERS, PARTNERS AND CORPORATE MEMBERS. Repeating table with columns: Full Name: First, Middle, Last; Date of Birth; % of Ownership; Telephone Number; Home Address; City; State; Zip Code.

Have any of the above people been convicted of a crime? Yes No

If Yes, please provide (or attach) dates and conviction specifics.

3. BUSINESS INFORMATION

Square Footage for Business Use

Hours of Operation

Describe in detail the principal products, types of entertainment or services rendered.

List any licenses currently or previously held in Minneapolis (Business or Individual).

Have you ever had a business license denied or revoked by Minneapolis or another government entity? Yes No
If Yes, indicate date of denial/revocation, government agency, reason for denial or revocation.

Are you planning or have you completed any construction or remodeling? Yes No

Name of Contractor or Building Manager

Explain the scope of the remodeling or construction:

Workers' Compensation Company

Policy Number

Dates of Coverage

-----Or-----

I certify that I am not required to carry workers' compensation insurance because: I am self insured. I am the sole proprietor and I have no employees. I have no employees who are covered by workers' compensation law. Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

4. VEHICLES

Will there be vehicles used in the business? Yes No (Attach additional sheets if necessary)

Year/Make/Model	Vehicle Company ID Number	VIN Number	License Plate Number (State)

5. VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Social Security number, Minnesota Tax ID Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. Upon submission of this application, all information except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota.

SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____



City of Minneapolis
Community Planning & Economic Development
Planning Division
250 South 4th St. Room 300
Minneapolis MN 55415-1316
612-673-3000 or 311 Fax 612-673-2526

#2

Zoning Addendum

Applicants requesting a business license must be in compliance with all zoning regulations before a license can be approved. Bring this form to the **Minneapolis Development Review Center at the above address, or call (612) 673-3000 or 311 to schedule an appointment** for a City Planner to complete the remainder of this application. Approval from the Planning Department and/or City Planning Commission is required before an official license will be approved by the Minneapolis City Council.

===== **THIS SECTION IS TO BE COMPLETED BY THE APPLICANT** =====

1. Name of Business: _____
2. Proposed Business Address: _____

===== **THIS SECTION IS TO BE COMPLETED BY CITY PLANNER** =====

3. Zoning district: _____ Proposed land use(s): _____
4. Are there any existing land use approvals for this address which affect this license application? YES NO

If Yes, provide a brief description of any land use history relevant to the proposed licensure. _____

5. Comments: _____
- _____
- _____

6. Is an inspection by Zoning Enforcement Staff required? YES NO

===== **THIS SECTION IS TO BE COMPLETED BY ZONING INSPECTOR** =====

7. Is the site in compliance with all existing Conditions of Approval? YES NO If No, List requirements for compliance:
- _____
- _____

8. Comments: _____
- _____
- _____

CPED Planning Staff Signature: _____ DATE _____ EXT _____

===== **AUTHORIZED HOURS TO BE COMPLETED BY LICENSE INSPECTOR** =====

- R, OR, C1, C2, C3S, C4, and I: Sun - Thurs, 6:00 am to 10:00 pm; Fri - Sat, 6:00 am to 11:00 pm.
- Downtown and C3A: Sun - Thurs, 6:00 am - 1:00 am; Fri - Sat, 6:00 am - 2:00 am.



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#3

**SUPPLEMENTAL APPLICATION AFFIDAVIT
 ANTIQUE DEALER, ANTIQUE MALL OPERATOR, AUCTION HOUSE DEALER, EXHIBITION OPERATOR,
 PAWNBROKER, PRECIOUS METAL DEALER, AND SECONDHAND DEALER**

This form must be completed, signed and sworn to by each owner, partner, corporate officer and shareholder with more than ten (10) percent of the corporate stock unless stock is publicly traded. Make additional copies if necessary.

1. BACKGROUND INFORMATION				
Name of Business		Business Address		
NAME (Last, First, Middle):				
List all other last names, first names, or middle names you have ever used or been known by:				
Name	City, State, Zip Code		Dates	
Name	City, State, Zip Code		Dates	
Name	City, State, Zip Code		Dates	
2. FIVE YEAR RESIDENTIAL AND EMPLOYMENT HISTORY				
A. FIVE (5) YEAR RESIDENCE HISTORY				
Home Address		City, State, Zip Code		Dates
Home Address		City, State, Zip Code		Dates
Home Address		City, State, Zip Code		Dates
Home Address		City, State, Zip Code		Dates
ATTACH ADDITIONAL SHEETS IF NECESSARY				
B. FIVE (5) YEAR EMPLOYMENT HISTORY				
Business Name	Type of Business	Business Address	Title	Dates
Business Name	Type of Business	Business Address	Title	Dates
Business Name	Type of Business	Business Address	Title	Dates
Business Name	Type of Business	Business Address	Title	Dates
ATTACH ADDITIONAL SHEETS IF NECESSARY				
Continued on Next Page				

C. FIVE (5) YEAR BUSINESS HISTORY: PROVIDE THE FOLLOWING INFORMATION REGARDING BUSINESSES YOU HAVE OWNED OR HAD A FINANCIAL INTEREST (OTHER THAN PUBLICLY TRADED STOCK)

Business Name	Role / % of Ownership	Dates
Address	City, State	Zip Code
Name of Partner/Associate and Home Address	City, State	Zip Code
Name of Partner/Associate and Home Address	City, State	Zip Code
Name of Partner/Associate and Home Address	City, State	Zip Code
Business Name	Role / % of Ownership	Dates
Address	City, State	Zip Code
Name of Partner/Associate and Home Address	City, State	Zip Code
Name of Partner/Associate and Home Address	City, State	Zip Code
Name of Partner/Associate and Home Address	City, State	Zip Code

ATTACH ADDITIONAL SHEETS IF NECESSARY

Address where Records are stored:

Are you a firearms dealer? Yes No If yes, Federal ID Number:

3. VERIFICATION

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota.

SIGNATURE _____ DATE _____

TO BE COMPLETED BY MINNEAPOLIS POLICE LICENSE INVESTIGATION DIVISION

Applicant(s) appear to meet the minimum licensing standards. Yes No

By: _____ Date: _____



Minneapolis Police Department

#4

DATA PRIVACY ADVISORY

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for a Minneapolis business license, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed.

The information you provide is public and will be used by the **Minneapolis Police Department, License Inspection Unit** and/or the **Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.**

AUTHORIZATION FOR RELEASE OF INFORMATION (ONLY PRINT OR TYPE LEGIBLY)

This authorization for release of information will expire two years from the date you signed it.

Applicant _____
Last Name First Name Middle Name

Also Known As _____ Date of Birth _____

Driver's License Number _____ Expiration Date _____

I have read and understand the above data practices advisory.

Signature _____ Date _____

City of Minneapolis, Minnesota
Department of Regulatory Services
Division of Licenses & Consumer Services

**STATE OF MINNESOTA
COUNTY OF HENNEPIN**

KNOW ALL MEN BY THESE PRESENTS, That we, _____, as principal, and _____, a corporation organized and existing under the laws of the State of _____, duly licensed and authorized to transact a corporate surety business in the State of Minnesota, as surety, are held and firmly bound unto the City of Minneapolis, a municipal corporation in the County of Hennepin and State of Minnesota in the sum of _____ Dollars, lawful money of the United States of America, for the payment of which sum well and truly to be made to said City of Minneapolis or its assigns, we jointly and severally bind ourselves, or successors, heirs, executors and administrators, firmly by these presents.

The condition of this obligation are such that, whereas the above named principal, _____, has duly applied for a license to do business as a _____ in the City of Minneapolis, Minnesota during the license year ending the first day in _____, A.D. 20____, and whereas said principal proposes to apply for renewal licenses from year to year thereafter to carry on said business;

NOW, THEREFORE, in case such license shall be issued, if said above bounden principal, _____, shall well and truly observe the ordinances of said City of Minneapolis in relation to _____ and conduct his business in conformity thereto and shall well and truly account for and deliver to any person legally entitled thereto any goods, wares or merchandise, article or things which may come into his hands through his business as such _____ or in lieu thereof shall well and truly pay in money to such person or persons the reasonable value thereof, then this obligation to be null and void; otherwise to be and remain in full force and effect.

PROVIDED, HOWEVER, it is hereby expressly understood and agreed, that nothing herein contained shall be deemed or construed to reduce the liability hereunder below the above stated penal sum for the said license period, and the like sum for each and every succeeding annual license period for which said principal shall be licensed, the same as if a new bond in the same sum were executed for each and every separate license period. It is further expressly understood and agreed that the liability of the surety hereon to any and all persons incurred in any one of the license period shall not exceed the above stated penal sum.

IT IS FURTHER PROVIDED, that it is the intention of the parties that this bond is to be a continuing bond furnished as required for the issuance of the license for the current year and for each succeeding year. This bond may be cancelled at any time upon giving the said principal and the Department of Licenses and Consumer Services of the City of Minneapolis 30 days written notice, said notice to be served by registered mail, whereupon, except as to any liabilities or indebtedness incurred or accrued, prior to the termination of this said 30 days notice, the liability of the surety under this bond shall cease.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this _____ day of _____, A.D. 20_____.

Signed, Sealed, and Delivered

in the Presents of:

_____	_____ (SEAL)
_____	_____ (SEAL)
As to Principal	Principal
_____	_____ (SEAL)
_____	_____ (SEAL)
As to Surety	Surety

ACKNOWLEDGEMENT OF PRINCIPAL (INDIVIDUAL)

STATE OF MINNESOTA }
COUNTY OF HENNEPIN } ss

On this _____ day of _____, A.D. 20_____, before me appeared _____, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed same as his own free act and deed.

Notary Public, Hennepin County, Minnesota

My Commission expires _____

ACKNOWLEDGEMENT OF PRINCIPAL (PARTNERSHIP)

STATE OF MINNESOTA }
COUNTY OF HENNEPIN } ss

On this _____ day of _____, A.D. 20_____, before me appear _____ and _____, doing business as _____ (firm or partnership name), to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed and the act of said partnership.

Notary Public, Hennepin County, Minnesota

My Commission expires _____

ACKNOWLEDGEMENT OF PRINCIPAL (CORPORATION)

STATE OF MINNESOTA }
COUNTY OF HENNEPIN } ss

On this _____ day of _____, A.D. 20_____, before me appeared _____ and _____, to me personally known, who being by me duly sworn did say that they are respectively the _____ and _____ of _____, the corporation described in and who executed the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; that said instrument was executed in behalf of said corporation by authority of its Board of Directors; and said _____ and _____ acknowledged said instrument to be the free act and deed of said corporation.

Notary Public, Hennepin County, Minnesota

My Commission expires _____

ATTACH ACKNOWLEDGEMENT OF SURETY