

**APPLICATION FOR
PRECIOUS METAL DEALER LICENSE**

State of Minnesota

County of Brown

To the Auditor-Treasurer of the County of Brown, State of Minnesota:

_____ (Business Name) hereby applies for a license for the term of one year beginning the ___ day of _____ 20___, to conduct the business of a Precious Metal Dealer in the State of Minnesota, County of Brown, as defined by Minn. Stat. 325F.733, at locations described as follows:

(Legal Descriptions)

whereas the applicant conducts the business of a Precious Metal Dealer at the above listed proposed principal place of business and branch offices within the county, and other locations within the county where the applicant intends to hold secondhand precious metals, and in support of said application represents and states as follows:

That _____ (applicant name) is _____ (title) of the establishment for which license will be issued if this application is granted; and

that said applicant has paid the fee of \$50 to the Brown County Auditor-Treasurer, pursuant to Minn. Stat. 325F.733 Subd. 2; and

that said applicant makes this application pursuant and subject to all the laws of the State of Minnesota and the ordinances and regulations of said county applicable thereto, and hereby agree to observe and obey the same.

Applicant name:	
Applicant date of birth:	
Applicant address:	
Applicant phone:	

Business name:	
Federal Tax ID No.	
State Sales Tax ID No.	
Partnership:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Corporation:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pursuant to Minn. Stat. 325F.733 Subd. 1, if the business is a corporation or partnership, the name, date of birth and resident address of each officer and general partner shall be stated. If you checked yes to any of the above, please provide the following:

Name	Position/Title	Residential Address	Phone	Date of Birth

Dated _____ Applicant Signature _____

STATE OF MINNESOTA)
) ss.
 COUNTY OF BROWN)

This foregoing instrument was acknowledged before me on this ____ day of _____, 20____, by _____ (name of applicant) as _____ (title) of _____ (business name).

(Seal)

 (Notary Signature)

For Office Use Only

License Granted: _____, 20____
License Period: _____, 20____ to _____, 20____
Required Fee: \$50 **Paid on Receipt No.** _____
License No. _____