



LICENSING DIVISION
 1584 Hadley Avenue N
 Oakdale, MN 55128
 Phone: 651-730-2739
 Fax: 651-730-2820
 E-Mail: licensing@ci.oakdale.mn.us
 www.ci.oakdale.mn.us

FOR OFFICE USE ONLY
NOTES:

PAWNBROKER / PRECIOUS METAL DEALER / SECONDHAND GOODS DEALER LICENSE APPLICATION

Type of license(s) applying for: Pawnbroker Precious Metal Dealer Secondhand Goods Dealer

SECTION A. PERSONAL			
First Name:	Middle:	Last:	
Maiden Names or Names Known by Others:			
Home Address:			
City:	State:	Zip:	Home Phone:
Cell Phone:	E-Mail:		

SECTION B. BUSINESS PREMISES LICENSE	
Zoning Verification: Your business must be eligible to operate at the premises you have chosen. Please contact the City Planner at 651-730-2720 to verify zoning eligibility.	
Relationship to Business: <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Other:	
Company Name:	Doing Business As:
Address:	Phone:
E-Mail:	Website / Social Media Site:
Federal Tax ID:	Minnesota Tax ID:
Please select from one of the following about your business: <input type="checkbox"/> NOT a partnership or a corporation because it is individually owned – <i>Attach copy of Certificate of Organization</i> <input type="checkbox"/> Partnership - <i>All partners must complete <u>additional application</u>, attach copy of Certificate of Organization, and Partnership Agreement.</i> <input type="checkbox"/> Corporation / Limited Liability – <i>All members, officers, and any person(s) controlling or owning an interest in excess of five percent must complete a <u>supplemental form</u> and attach copy of Certificate of Assumed Name, Certificate of Incorporation, State of the Incorporation, Articles of Incorporation or Association Agreement, and By-laws.</i> <input type="checkbox"/> <i>If foreign corporation - Attach copy of Certificate of Authority as required by Minnesota Statutes, Section 303.06</i>	
Please select from one of the following about your business premises: <input type="checkbox"/> The building or office space of your business is owned by you – <i>Attach copy of Purchase Agreement and skip to Section C.</i> <input type="checkbox"/> The building or office space of your business is leased to you – <i>Attach copy of Lease Agreement and complete below:</i>	
Management Company:	Contact Name:
Address:	City:
State:	Zip: Phone:

SECTION C. HISTORY			
<i>Attach additional documents if needed.</i>			
List home addresses for all previous residences during the past 5 years. Start with the most current one first:			
Address	City	State	Dates
_____	_____	_____	_____
_____	_____	_____	_____

List full-time and part-time employers for the past 5 years. Start with the most current one first: N/A

Employer	Address	City	State	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all other businesses you own or operate, licensed under federal or state statute or local ordinance in the past 5 years; or if the applicant represents a corporation, list such business: N/A

License Type	Business Name	Address	City	State	Dates
_____	_____	_____	_____	_____	_____

Have you ever had a business license denied, suspended, or revoked? No Yes - if yes, please complete below.

Type of License	Issuing Agency	City	State	Dates	Reason
_____	_____	_____	_____	_____	_____

Have you ever been convicted of any felony, gross misdemeanor, misdemeanor, or ordinance violation, other than traffic matters? No Yes - if yes, please complete below.

Offense	City	State	Dates
_____	_____	_____	_____

SECTION D. PROFESSIONAL REFERENCES

List 3 professional references who are unrelated to you, from the 7 county residential areas, and have no ownership or interest in your business / premises.

Full Name:		Job Title or Relationship to Applicant:	
Address:			City:
State:	Zip Code:	Phone Number:	E-Mail:
Full Name:		Job Title or Relationship to Applicant:	
Address:			City:
State:	Zip Code:	Phone Number:	E-Mail:
Full Name:		Job Title or Relationship to Applicant:	
Address:			City:
State:	Zip Code:	Phone Number:	E-Mail:

SECTION E. MANAGER

All managers must complete a release form and submit a valid identification card as well.

List the person(s) who will serve as manager for this business establishment:

The manager is the same as the applicant - Skip to Section F

Full Name	Phone	Address	State	Date of Birth
_____	_____	_____	_____	_____

SECTION F. LICENSING POINT OF CONTACT*List the person who will serve as the licensing point of contact. This person will handle all licensing questions and materials from the City.*

Full Name:		Job Title/ Relationship to Applicant:	
Address:			City:
State:	Zip Code:	Phone Number:	
Fax Number:		E-Mail:	
Preference for receiving licensing materials: <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail			

SECTION G. EMERGENCY CONTACT*List the emergency contact information for the business / applicant. This person CANNOT be the same person as the applicant.*

Full Name:		Job Title/ Relationship to Applicant:	
Address:			
City:	State:	Zip Code:	
Phone Number:		E-Mail:	

I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

***Electronic Signature:**

Please type your full name

Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.



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TENNESSEN WARNING

Pursuant to Minn. Statutes, 13.04, Subd. 2 and other applicable divisions of the Minnesota Government Data Practices Act, license applicants must be informed of their rights concerning the provision of private or confidential data requested in this application.

Private and confidential data requested in this application is required for the following purposes:

1. To confirm the applicant's identity and qualifications to perform the functions regulated under this license.
2. To allow the city to perform necessary investigation of applicants for the protection of public health and safety.
3. To limit city liability arising from failure to exercise due care with respect to the regulation of commerce or public conduct.

Private information requested, including identification, medical and criminal history data, will be used by law enforcement personnel in investigating the qualifications, moral conduct, and suitability of applicants to provide service to the public. Applicants can decline to provide the information requested in this application form, however, if an applicant fails to provide the requested information or supplies incomplete or inaccurate information, the license may be denied, suspended, or revoked. If information supplied in this application is subsequently used in a criminal prosecution of the applicant, the result may include a fine, imprisonment, or other penalty order by the court subsequent to conviction. Individuals authorized access to the private or confidential data contained in this application includes city employees whose duties require such access; local, state, and federal public safety personnel conducting related investigations; state and federal revenue authorities; and lawfully mandated reporting agencies. A specific exception to the confidentiality of data supplied in this application exists as follows:

Minn. Statute 13.41, Subd. 5.

Any licensing agency may make any data classified as private or confidential, pursuant to this section, accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

Questions concerning this warning, or the effect of providing or failing to provide requested information should be directed to the Chief of Police, Oakdale, Minnesota 55128, telephone (651) 738-1022.

INFORMED CONSENT

The City of Oakdale requires criminal background checks for this type of city issued license. The Oakdale Police Department is responsible for maintaining all criminal history data retrieved during the criminal background check.

First Name:	Middle:	Last:
Maiden Name or Names Known by Others:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy):	
ID / Driver's License Number:	State of ID / License Issuance:	
Social Security Number:		

I hereby certify that I have read and understood the Tennessee Warning in addition to authorizing the Oakdale Police Department to access the Minnesota Bureau of Criminal Apprehension criminal history record information for the purpose of obtaining a business license in the City of Oakdale. The expiration of this authorization shall be for a period no longer than one year from the date of signature.

***Electronic Signature:** _____
 Please type your full name Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

APS Store Information

Please duplicate this form if you have multiple stores.

The following information must be entered for each store before transactions can be entered by or for that store

STORE DESCRIPTION

Jurisdiction Code		Agency Code		
Store Name			Store Code:	
Street Address			City	
State	Zip	Phone	Cell Phone	
Fax		Email Address		

STORE CONTACTS

Owner Name: _____ Owner Email: _____ Home/Cell Phone: _____

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Manager/Contact Name: _____ Cell Phone/Email: _____

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Business Days: SU MO TU WE TH FR SA

Name of Point of Sale Software that will be used by store? New install or in use now?

If business is NOT a pawn shop, how will they transaction information into APS?
 Using APS-Biz Directly from their custom Point of Sale Software

Ordinance Information	Pawn Redemption Period	Pawn Holding Period	Buy/Purchase Holding Period	Transaction FEE Electronic / Manual

Is store required to take photos? Customer non-serialized items:
 Or
 Do they take photos? Customer non-serialized items:

LICENSE INFO

Primary License Type: Select One <input type="checkbox"/> Pawn <input type="checkbox"/> Precious Metals <input type="checkbox"/> Secondhand Goods	Secondary License Type (if applicable) <input type="checkbox"/> Pawn <input type="checkbox"/> Precious Metals <input type="checkbox"/> Secondhand Goods
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Form filled out by: _____ Date: _____

FAX COMPLETED FORM TO: (612) 673-2619 (Attn: Mary Sullivan) or EMAIL COMPLETED FORM to: mary.sullivan@minneapolis.gov

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

***Electronic Signature:**

Print Full Name	Title	Date
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I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

LICENSING PROCESS

Once a completed application packet has been received, applicants will undergo a background investigation conducted by the Oakdale Police Department, and then your application will be forwarded to City Council to approve. Please note that the licensing process may take 4-8 weeks.

APPLICATION CHECKLIST

The following materials must be submitted with your application in order to be considered complete. If you have any questions or concerns regarding the necessary materials please contact City Staff. All incomplete applications will be returned.

AP – Applicant check list, CTY – City check list

AP	CTY	MATERIALS
<input type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Tennesen Warning and Informed Consent Form
<input type="checkbox"/>	<input type="checkbox"/>	APS Form
<input type="checkbox"/>	<input type="checkbox"/>	MN Worker's Compensation Certificate of Compliance Form
<input type="checkbox"/>	<input type="checkbox"/>	State Issued ID / Driver's License – Must have a current address.
<input type="checkbox"/>	<input type="checkbox"/>	Business Verification: <input type="checkbox"/> If in partnership - Attach a true copy of Partnership Agreement as well as Certificate of Organization. <input type="checkbox"/> If the applicant is a corporation or other organization – Attach copy of Certificate of Assumed Name, Certificate of Organization, Certificate of Incorporation, State of the Incorporation, Articles of Incorporation or Association Agreement, and By-laws. <input type="checkbox"/> If foreign corporation – Attach copy of Certificate of Authority as required by Minnesota Statutes, Section 303.06
<input type="checkbox"/>	<input type="checkbox"/>	Site Plan - attach a site plan of the proposed premises, drawn to scale, showing the scale used in the drawing and placement of pertinent interior facilities including but not limited to offices, laundry facilities, and storage areas.
<input type="checkbox"/>	<input type="checkbox"/>	Business Premises Verification: <input type="checkbox"/> If premises is owned - Attach copy of signed purchase agreement. <input type="checkbox"/> If premises is leased - Attach copy of signed lease agreement.
<input type="checkbox"/>	<input type="checkbox"/>	Insurance - Attach a current copy of certificate of liability insurance showing worker's compensation and general liability insurance. Please list the City of Oakdale as the Certificate Holder. Proof of Insurance premiums and insurance quotes are not accepted.
<input type="checkbox"/>	<input type="checkbox"/>	Additional Documents: <input type="checkbox"/> Supplemental Form - Any applicant's spouse, officer, person in charge of premises, or any person(s) controlling or owning an interest in excess of five (5) percent must complete this form. <input type="checkbox"/> Additional Application - All business partners must complete additional application as well.
<input type="checkbox"/>	<input type="checkbox"/>	Fees: <input type="checkbox"/> Public Hearing Fee (non-refundable) – \$30.00 <input type="checkbox"/> Investigation Fee (one-time fee, non-refundable) – \$525.00 <input type="checkbox"/> License Fee (annual fee) – \$315.00 <input type="checkbox"/> Late Fee (late renewal applicants only, non-refundable) – \$50.00
<input type="checkbox"/>	<input type="checkbox"/>	Checklist – read, check off list, sign, and date.

I hereby certify that I have received and read a copy of the city ordinance. I understand the licensing process and have looked over the application checklist. I know what I need to submit and I understand that if my forms are incomplete, my license application will be returned.

***Electronic Signature:** _____

Please type your full name

_____ Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement

You may mail, drop off, or e-mail license application materials when completed.

Need another application? You can find more online at

www.ci.oakdale.mn.us/307/PawnbrokerPrecious-MetalSecondhand-Goods

Thank you for doing business in Oakdale!

FOR OFFICE USE ONLY		
Bkgd. Fee:	M:	#:
Lic. Fee:	M:	#:
P.H. Fee:	M:	#: