

LICENSE NUMBER _____

EXPIRATION DATE _____

APPLICATION FOR PRECIOUS METAL DEALER LICENSE

I, _____ as _____
First Middle Last Name (owner, partner or officer)

For and in behalf of _____
(if individual, give full name, if a partnership, give name of all partners; if a corporation, give true corporation name.)

hereby make application pursuant to the provisions of Minnesota Statutes, Chapter 325F, for a license to
engage in or transact business as a Precious Metal Dealer in _____ County.

Applicant's Resident Address _____ Zip _____ Phone _____

Applicant's Date of Birth _____

Business Name _____

Principal Business Address _____ Zip _____ Phone _____

Name of Owner of Principal Business _____

Date of Birth _____

Resident Address of Owner _____ Zip _____ Phone _____

Name of Manager/Proprietor of Principal Business _____

Date of Birth _____

Resident Address of Manager/Proprietor _____ Zip _____ Phone _____

OTHER BUSINESS LOCATIONS WITHIN _____ COUNTY: (EACH BRANCH OFFICE SHALL
BE OPERATED UNDER THE SAME NAME AS THE PRINCIPAL OFFICE).

1. Branch Office Address _____ Zip _____

Name of Owner of Business _____ Date of Birth _____
(if different from Principal Business)

Resident Address of Owner _____ Zip _____ Phone _____

Name of Manager/Proprietor of Business _____

Date of Birth _____

Resident Address of Manager/Proprietor _____ Zip _____ Phone _____

(USE ADDITIONAL SHEETS IF NECESSARY).

If applicant is a partnership or corporation, list name, position/title, date of birth and phone number of all individuals:

NAME	POSITION	RESIDENT ADDRESS	PHONE	DATE OF BIRTH

I swear or affirm under oath, under penalties of perjury, that all statements made in the above application are true and correct.

Date

Signature

Subscribed and sworn to before me this
_____ day of _____, 20____.

SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL

NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK)