

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 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.

Business Name _____

Principal Business Address _____
Zip Phone

Name of Owner of Principal Business _____

Name of Manager/Proprietor of Principal Business _____

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 _____
(if different from Principal Business)

Name of Manager/Proprietor of Business _____

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

NAME	POSITION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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)

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