



LICENSE NUMBER _____

EXPIRATION DATE _____

APPLICATION FOR PRECIOUS METAL DEALER LICENSE

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

for and on 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 Sibley County.

Applicant's Resident Address _____
Zip Phone Number

Applicant's Date of Birth _____

Business Name _____

Principal Business Address _____
Zip Phone Number

Name of Owner of Principal Business _____ Date of Birth _____

Residential Address of Owner _____
Zip Phone Number

Name of Manager/Proprietor of Principal Business _____ Date of Birth _____

Residential Address of Manager/Proprietor _____
Zip Phone Number

OTHER BUSINESS LOCATIONS WITHIN SIBLEY 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 Number

Name of Manager/Proprietor of Business _____ Date of Birth _____

Resident Address of Manager/Proprietor _____
Zip Phone Number

(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.

<u>NAME</u>	<u>POSITION</u>	<u>RESIDENTIAL ADDRESS</u>	<u>PHONE</u>	<u>DATE OF BIRTH</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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____

Notary Public or Deputy Auditor-Treasurer

Notarial Stamp or Seal (or other title of rank)
