



Application for License Precious Metal Dealer

Office Use Only

License #: _____

Expiration date: _____

(1 year from issued date)

Fee: \$75

Initial if paid _____

Pursuant to Minnesota Statutes Sections 325F.732 and 325F.733, I am applying for a Precious Metal Dealer License as either **(check one)**: ☐ Business (corporation/partnership) or ☐ Individual

Is this application a renewal? ☐ Yes ☐ No If yes, what is the current expiration date: _____

Business applicant

Business name: _____

Principal business address: _____

Business phone: _____ Business email: _____

MN business ID number: _____ or, ☐ I do not have a MN business ID number

If applicable, I have attached the following:

- ☐ A list of addresses of other business locations within Olmsted County.
- ☐ The name, date of birth, and residential address of the person in charge if each location.
- ☐ A list of all officers and general partners, including their names, position/title, residential addresses, telephone numbers, and dates of birth.

Individual applicant

Full Name _____

Date of birth: _____ Email: _____

Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____ Daytime phone: _____

MN business identification number: _____ Or, ☐ I do not have a MN Business ID number.

Social security number: _____ Or, ☐ I do not have a social security number.

If applicable, I have attached the following:

- ☐ A list of addresses of business locations within Olmsted County, specifying the principal place of business.
- ☐ The name, date of birth, and residential address of the person in charge of each location.

Tennessen warning

This application requests your Social Security number and Minnesota business identification number. State law requires you to provide this information on a license application you make to the County in order to conduct a profession, occupation, trade, or business. If you do not have a Social Security number or Minnesota business identification number, you may certify the same and your application will still be processed. The data collected on this application may be shared with the State of Minnesota for the purpose of collecting taxes, penalty, and interest owed to the State, and for the purpose of requiring returns to be filed.

My signature below attests that all statements made and information provided in this application are true and correct.

Applicant signature: _____ Date: _____

Printed name: _____ Title: _____

Notary:

Signed or attested before me on: _____

day of _____, 20_____

Printed name of notary public: _____

Notary public signature: _____

Notary Stamp/Seal

The credentials presented have been filed and a Precious Metal Dealer License is being issued in the office of the Olmsted County Auditor this _____ day of _____, 20_____

Designee: _____ Location: _____

Payment method

- ☐ Credit Card (MasterCard/Visa/Discover, 2.15% convenience fee)

Cardholder name: _____ Card number: _____

Valid thru (MM/YY): _____ 3-digit code: _____

- ☐ Check number: _____ Make check or money order **payable to Olmsted County**. DO NOT SEND CASH. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.

- ☐ Money order number: _____

Send your application and payment to:

Olmsted County Vital Records Office

151 4th Street SE

Rochester, MN 55904

Fax: (507) 328-7965 (credit card payments only)