



City of Coon Rapids
Office of the City Clerk
11155 Robinson Drive
Coon Rapids, MN 55433-3761
Phone: 763-767-6432
Fax: 763-767-6531
<http://www.coonrapidsmn.gov>

Part I Form#1

Dear Applicant:

Thank you for your interest in obtaining a Pawnbroker/Precious Metals Dealer/Class A Secondhand Goods Dealer/Antique Dealer license in Coon Rapids. All application materials must be completed before your application will be processed. Upon receipt of your completed application, the Police Department will conduct an investigation. You may be contacted by an investigator to answer questions or expand on any information provided in the questionnaires.

After the investigation is completed and a report prepared, the license request will be presented to the City Council at a regular meeting for consideration. City Council meetings are held the first and third Tuesday of each month at 7:00 p.m. in the Council Chambers at City Hall. You will be notified of the date your application will be considered and are welcome to attend the meeting. Depending on the length of the investigation and the timing of the Council meeting, the process will take several weeks to complete.

Attached are the forms you will need to complete. A checklist of all required materials is included to assist you in preparing your application. The City Code regarding licensing can be viewed on the City of Coon Rapids website: www.coonrapidsmn.gov.

All fees are due when the application is submitted. In addition to the license fee, a non-refundable investigation fee is required. In the event your license is denied, any costs expended to conduct the investigation will be retained and the annual license fee will be refunded.

In addition to licensing, establishments must comply with local zoning regulations. Please contact the Community Development Department at 763-767-6430 to discuss these requirements.

If you have questions about the forms, regulations or the process, please feel free to contact me at 763-767-6432.

Stephanie Lincoln
Deputy City Clerk

Your License Application

- Incomplete and/or illegible applications will be returned.
- All applications must be signed by an owner, partner, or principal.
- No license will be issued for a period longer than one year. Standard license periods are from January 1 to December 31.
- Licenses are not transferable.
- Make a duplicate copy of this packet for your personal records before submitting.
- Minnesota Sales Tax ID (651) 296-6181
- Federal Tax ID/Employer Identification Number (651) 312-8082
- Multiple licenses must be filed individually and may not be combined.



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2021 License Application

License Type:

- Pawnbroker Precious Metals Dealer Class A Secondhand Goods Dealer Antique Dealer

DEFINITIONS: (see City Code 5-2400, 5-2600, and 5-2700 for full definitions)

A “**Pawnbroker**” is hereby defined to be a person who loans money on deposit or pledge of personal property or other valuable thing; who deals in the purchasing of personal property or other valuable things on condition of selling that same back again at a stipulated price; or who loans money secured by chattel mortgage or on personal property, taking possession of the property or any part thereof so mortgaged.

A “**Precious Metal Dealer**” Any person engaged in the business of buying, and selling or selling on consignment, coins or secondhand items containing precious metal, including, but not limited to jewelry, watches, eating utensils, candle sticks, and religious and decorative objects.

A “**Second Hand Dealer**” Any person whose regular business includes selling or receiving tangible personal properties, excluding motor vehicles, previously owned, used, rented, or leased. The term secondhand dealer shall include auction house dealers and online auction dealers.

An “**Antique Dealer**” Any person whose regular business includes selling or receiving goods previously owned, used, rented or leased, and where at least 90% measured according to value, of the used goods on hand at all times, consists of antiques, offered for sale upon the basis, express or implied, that the value of the property, in whole or in substantial part, is derived from its age or its historical association and exceeds the original value of the item when new.

All Businesses are required to submit the following forms:

<input type="checkbox"/>	1. License Application / General Information Form (Part I, Form #1)																								
<input type="checkbox"/>	2. Premises Information Form (Part I, Form #2)																								
<input type="checkbox"/>	3. Certification of Worker’s Compensation Compliance Form (Part I, Form #3)																								
<input type="checkbox"/>	4. Certified Copy of Certificate of Trade Name																								
<input type="checkbox"/>	5. Copy of Partnership Agreement (if applicable)																								
<input type="checkbox"/>	6. Corporate Information (if applicable): <ul style="list-style-type: none"> ▫ Certificate of Incorporation ▫ Articles of Incorporation or Association Agreement ▫ By-Laws ▫ Certificate of Authority (if foreign corporation) 																								
<input type="checkbox"/>	7. Bond (all that apply): <ul style="list-style-type: none"> ▫ <u>Pawnbrokers</u>: \$5,000 Bond required. ▫ <u>Precious Metals Dealers</u>: \$5,000 Bond required. ▫ <u>Secondhand / Antique Dealers</u>: \$5,000 Bond required. ▫ <u>Antique Mall Operators</u>: \$10,000 Bond required. ▫ <u>Antique Mall Dealers</u>: Before a license will be issued for an antique mall dealer, the City must have in its possession a valid antique mall operator bond issued to the licensed antique mall operator at the location for which the applicant is applying. 																								
<input type="checkbox"/>	8. Copy of premise lease																								
<input type="checkbox"/>	9. Premises: <ul style="list-style-type: none"> ▫ Preliminary plans attached (if new construction); or ▫ Plans on file with Inspection Division. ▫ Floor plan showing dimensions 																								
<input type="checkbox"/>	10. Notary Public Signature																								
<input type="checkbox"/>	11. 2021 Fees:																								
<input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: right;"><u>License Fees</u></th> <th style="text-align: center;">+</th> <th style="text-align: right;"><u>Investigation Fees</u></th> <th style="text-align: center;">=</th> <th style="text-align: right;"><u>Total Fees</u></th> </tr> </thead> <tbody> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> Pawnbroker:</td> <td style="text-align: right;">\$3,280</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$465</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$3,745</td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> Precious Metals Dealer:</td> <td style="text-align: right;">\$3,280</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$435</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$3,715</td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> Class A Second Hand Dealer/Antique Dealer:</td> <td style="text-align: right;">\$360</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$420</td> <td style="text-align: center;">=</td> <td style="text-align: right;">\$780</td> </tr> </tbody> </table>		<u>License Fees</u>	+	<u>Investigation Fees</u>	=	<u>Total Fees</u>	<input type="checkbox"/> Pawnbroker:	\$3,280	+	\$465	=	\$3,745	<input type="checkbox"/> Precious Metals Dealer:	\$3,280	+	\$435	=	\$3,715	<input type="checkbox"/> Class A Second Hand Dealer/Antique Dealer:	\$360	+	\$420	=	\$780
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Each OWNER, OFFICER, PARTNER and MANAGER must submit the following:

<input type="checkbox"/>	12. Personal Information Supporting Documentation for License Application Form (Part II, Form A)
<input type="checkbox"/>	13. Authorization of Release of Data Form (Part II, Form B)
<input type="checkbox"/>	14. Affidavits of Good Character – 3 are required (Part II, Form C)
<input type="checkbox"/>	15. Business References – 3 are required (Part II, Form D)
<input type="checkbox"/>	16. Supplemental Investigation Information (Part II, Form E)
<input type="checkbox"/>	17. Information Advisory and Authorization for Release of Information to Support License Application Form (Part II, Form F)
<input type="checkbox"/>	18. License Applicant Information Form (Part II, Form G)
<input type="checkbox"/>	19. Photocopy of current valid Driver’s License or Other State Issued Identification Card
<input type="checkbox"/>	20. Notary Public Signature

Person responsible for operations at the establishment (INDIVIDUAL OWNER, MANAGING OFFICER or STORE MANAGER) must also submit:

<input type="checkbox"/>	21. Completed Personal Financial Statement
<input type="checkbox"/>	22. Copy of Individual State Income Tax Forms for previous two years
<input type="checkbox"/>	23. Copy of Individual Federal Income Tax Forms for previous two years

Submit completed Application to:

Office of the City Clerk
 Attn: Deputy City Clerk
 11155 Robinson Drive
 Coon Rapids, MN 55433

Please send the 2021 License Certificate(s) to the following address:

Please send the 2022 Renewal Application(s) to the following address:

Please send all formal correspondence and notices from the City of Coon Rapids to the following address:



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LICENSE APPLICATION

To the Honorable Mayor and City Council, I hereby submit this application:			
First Name:		Middle Name:	
Last Name:			
Making Application as (choose one):			
<input type="checkbox"/> Individual Owner <input type="checkbox"/> Officer or <input type="checkbox"/> Partner			
Submitting Application on Behalf of (choose one):			
<input type="checkbox"/> Myself <input type="checkbox"/> Name of Partners: _____ <input type="checkbox"/> Name of Corporation or Association: _____			
Individual Business, Partnership, Corporation, or Association Name:			
Business Name (dba):			
Business Phone:			
Address of Business:	Street:		
	City:		
	State:	Zip:	
Federal Tax ID #:		MN Tax ID#:	
Local Business Information (if different from above):			
Establishment Name:			
Location Telephone #:			
Street Address	Street:	Coon Rapids, MN	
	Zip:		
Location Manager:			
First Name:		Middle Name:	
Last Name:			
Email Address:		Telephone #:	
Address of Residence:	Street:		
	City:		
	State:	Zip:	
<i>In compliance with Coon Rapids City Code 5-2410, 5-2606(5) and 5-2705 when a new manager or a change in manager occurs, you are required to notify the City within 14 days and additional application documentation will be necessary.</i>			
<input type="checkbox"/> I understate that we are required to notify the City of Coon Rapids Clerks Office within 14 days of a change in location manager.			



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Business Information:

Type of organization:	<input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership
Business Name:	
Doing Business As:	
Date of incorporation:	
State of Incorporation:	
Name of Managing Partner/Officer:	
Managing Partner/Officer Phone #:	
Managing Partner/Officer Address:	

I agree, as part of this application, to list the owners holding more than five percent (5%) of the outstanding stock/ownership of the business. I will notify the City Clerk of any change in legal ownership in this business. The owners/officers/partners of the business are as follows:

Sole Proprietorship Owner / Partner / Corporate Owner / Officer #1

First Name:		Middle Name:	
Last Name:			
Title:		% of Ownership/Interest:	
Date of Birth:			
Email Address:		Telephone Number:	
Address of Residence:	Street:		
	City:		
	State:	Zip:	

Sole Proprietorship Owner / Partner / Corporate Owner / Officer #2

First Name:		Middle Name:	
Last Name:			
Title:		% of Ownership/Interest:	
Date of Birth:			
Email Address:		Telephone Number:	
Address of Residence:	Street:		
	City:		
	State:	Zip:	

Sole Proprietorship Owner / Partner / Corporate Owner / Officer #3

First Name:		Middle Name:	
Last Name:			
Title:		% of Ownership/Interest:	
Date of Birth:			
Email Address:		Telephone Number:	
Address of Residence:	Street:		
	City:		
	State:	Zip:	

Attached is a list of names, addresses, and telephone numbers of all other persons, firms, or corporations having an interest in the licensed business.



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- Attached is the required Bond per license requirements:**
- **Pawnbrokers: \$5,000 Bond required.** All bonds must be conditioned that the principal will observe all laws in relation to pawnbrokers, and will conduct business in conformity thereto, and that the principal will account for and deliver to any person legally entitled to any goods which have come into the principal's hand through the principal's business as a pawnbroker, or in lieu thereof will pay the reasonable value in money to the person. The bond shall contain a provision that no bond may be canceled except upon 30 days written notice to the City, which shall be served upon the City Clerk.
 - **Precious Metals Dealers: \$5,000 Bond required.** All bonds must be conditioned that the principal will observe all laws in relation to precious metal dealers and will conduct the business in conformity therewith, and that the principal will account for and deliver to any person legally entitled any goods which have come into the principal's hand through the principal's business as a precious metal dealer, or in lieu thereof will pay the reasonable value and money to the person. The bond shall contain a provision that no bond may be canceled except upon 30 days written notice to the Issuing Authority, which notice shall be served upon the City Clerk.
 - **Secondhand / Antique Dealers: \$5,000 Bond required.** All bonds must be conditioned that the principal will observe all laws in relation to secondhand or antique dealers, and will conduct business in conformity therewith, and that the principal will account for and deliver to any person legally entitled any goods which have come into the principal's hand through the principal's business as a secondhand or antique dealer, or in lieu thereof, will pay the reasonable value in money to the person. The bond shall contain a provision that no bond may be canceled except upon 30 days written notice to the City, which notice shall be served upon the City Clerk.
 - **Antique Mall Operators: \$10,000 Bond required.** All antique mall operator bonds must be conditioned that the operator, and all antique mall dealers licensed to conduct business at the operator's location, will observe all laws in relation to secondhand and antique dealers, will conduct business in conformity thereto, and that the operator will account for and deliver to any person legally entitled, any goods which have come into the hands of the operator, or the hands of any of its dealers, through their business as a secondhand or antique dealer, or in lieu thereof, will pay the reasonable value in money to the person. The bond shall contain a provision that no bond may be canceled except upon 30 days written notice to the City, which shall be served upon the City Clerk.
 - **Antique Mall Dealers:** Before a license will be issued for an antique mall dealer, the City must have in its possession a valid antique mall operator bond issued to the licensed antique mall operator at the location for which the applicant is applying.
- I understand that no Precious Metals or Pawnbroker licensees may keep, possess, or operate, or permit the keeping, possession, or operation on the licensed premises of dice, slot machines, roulette wheels, punch boards, black jack tables, or pin ball machines which return coins or slugs, chips, or tokens of any kind, which are redeemable in merchandise or cash. No gambling equipment authorized under Minnesota Statutes, Sections 349.11 - 349.39, may be kept or operated and no raffles may be conducted on the licensed premises and/or adjoining rooms. The purchase of lottery tickets may take place on the licensed premises as authorized by the Director of the Gambling Control Board pursuant to Minnesota Statutes, Sections 349A.01 - 349A.16.
- I understand that no Precious Metals, Pawnbroker, and Second Hand Dealer / Antique Dealer licensee may hold an intoxicating liquor license.
- I certify that there are no outstanding real estate taxes, personal property taxes, special assessments or other financial claims of the City, County, or State due, delinquent, or unpaid.



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<input type="checkbox"/> I understand that the licensee, proprietor, or manager of the establishment is required to be a resident of Anoka, Sherburne, Wright, Isanti, Carver, Scott, Hennepin, Ramsey or Washington County, MN. Please state the county that the licensee, proprietor, or manager of the establishment resides: <input type="checkbox"/> Anoka <input type="checkbox"/> Sherburne <input type="checkbox"/> Wright <input type="checkbox"/> Isanti <input type="checkbox"/> Carver <input type="checkbox"/> Scott <input type="checkbox"/> Hennepin <input type="checkbox"/> Ramsey <input type="checkbox"/> Washington
For any of the licenses you are applying for, please indicate method of reporting according to City Code: <input type="checkbox"/> Electronic or <input type="checkbox"/> Other: _____
<input type="checkbox"/> I understand that the City Code relating to the license I am applying for can be viewed at www.coonrapidsmn.gov and that my associates in this application and I will strictly comply with all ordinances of the City of Coon Rapids.
<input type="checkbox"/> I agree to the forfeiture of my license if found to have violated the provisions of the City Code providing for the granting of this license.
<input type="checkbox"/> I understand that the Transaction Fees are: \$1.80 for electronic / \$2.80 for manual. The City of Coon Rapids reserves the right to change the fees at any time throughout the license period without prior notification.
<input type="checkbox"/> I understand that the City of Coon Rapids has an electronic notification system where all proposed ordinances are posted for Council consideration. To receive Coon Rapids ordinance updates, go to www.coonrapidsmn.gov and click on NotifyMe . Then click the envelope icon to subscribe to the list titled "City Proposed Ordinance Changes".
<input type="checkbox"/> I agree that any violation of the state law or ordinances of this municipality or any rules or regulations contained in the license in the operations of the business, may be grounds for the revocation or suspension of such license. I have no intention or agreement to transfer this license to another person. I have read the applicable ordinance and will strictly comply with all of the provisions. I hereby swear that the foregoing statements are true and correct to the best of my knowledge. I understand that incorrect or incomplete information provided by me in this application may be considered falsification of the application and may be used as grounds for the denial of the license.

DATA PRACTICES RIGHTS ADVISORY:

As an applicant for a Pawnbroker, Precious Metals Dealer or Class A or B Secondhand Goods/Antique Dealer License from the City of Coon Rapids, you are being asked to provide information about yourself which will be used by the City Council in rendering a decision. The purpose of this request for information is to meet the standards set forth by the City Ordinance and allows the City Council to thoroughly analyze your suitability and qualification to hold a Pawnbroker, Precious Metals Dealer or Class A or B Secondhand Goods/Antique Dealer License.

All information you are being asked to provide is required by City Ordinance of applicants for Pawnbroker, Precious Metals Dealer or Class A or B Secondhand Goods/Antique Dealer Licenses. If you choose not to provide all or parts of the data requested, it may diminish the possibility of the City Council appropriately evaluating the application.

The data you provide is defined by Minnesota State Statute §13.41 (Minnesota Government Data Practices Act) as Licensing Data. While in other settings much of the data requested would be classified



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Part I
Form#1

as "Private" or "Confidential", Subdivision 4 makes application data for licenses "Public". Your original application and data supplied, the information collected by the Coon Rapids Police Department regarding your application and the record of the action taken regarding your application by the City Council will be placed on file in the office of the City Clerk. This information may be subject for review in accordance with the provision governing Public Data set forth by the Minnesota Government Data Practices Act.

I have read and understand the Data Practices Rights Advisory and I solemnly swear the foregoing statements in this application are true and correct to the best of my knowledge.

_____ **Date**

_____ **Signature of Applicant**

I make this application for the business of Pawnbroker, Precious Metal Dealer, Class A Secondhand Goods/Antique Dealer in accordance with the provision of the City Code for the City of Coon Rapids, Commencing _____ and ending December 31, 20__.

 (Signature of Person Making Application)

 For: (Myself, Names of Partners, Names of Corporation or Association)

STATE OF _____

COUNTY OF _____

_____, being first duly sworn, upon his/her oath deposes and says that he/she is the person who had executed the above application and that the statements made therein are true of his/her own knowledge and belief.

Subscribed and sworn to before me a Notary Public on this ____ day of _____, 20__.

 (Notary Signature)
 My commission expires _____

 Signature of Applicant



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Part I
Form #3

**MINNESOTA WORKERS' COMPENSATION LIABILITY
 CERTIFICATE OF COMPLIANCE**

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176.181. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: *Note: This is NOT the insurance agent.	
Telephone Number:	
Policy Number:	
Dates of Coverage: *Note: If not continuous, dates of coverage must correspond EXACTLY with the license period; i.e., January 1 - December 31.	

(OR)

I am not required to have workers' compensation liability coverage because:

- I have no employees.
- I am self-insured (include permit to self-insure).
- I have no employees who are covered by the worker's compensation law (these include: Spouse, Parents, Children and certain farm employees).

Personal Information:	
First Name:	
Middle Name:	
Last Name:	
Doing Business As:	
Name:	
Address of Business:	Street:
	City:
	State:
	Zip:
Phone Number:	

I certify that the information provided above is accurate and complete and that a valid worker's compensation policy will be kept in effect at all times as required by law.

Date: _____ **Signature:** _____



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Part II Form A

Part II – Personal Information Supporting Documentation for Pawnbroker/Secondhand Goods/Precious Metals Dealer License Application

Directions: This form must be completed by typewriter or by printing in ink by the **sole owner**, by **each partner**, by **each officer or director**, by **each manager, proprietor or other agent** in charge of the premises, by **each person** who by combined ownership or control has an interest in a corporation or association in excess of 5%.

True First Name:		Middle Name:	
True Last Name:			
Home Phone #:		Business Phone:	
Email Address:			
Address of Residence:	Street:		
	City:		
	State:	Zip Code:	
Business Address:	Street:		
	City:		
	State:	Zip Code:	
Driver's License #		State of Issue:	
Place of Birth: <small>(City, County, State)</small>		Date of Birth:	
U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Resident Alien:	<input type="checkbox"/> Yes <input type="checkbox"/> No # _____
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		

If you have ever used or been known by name or names other than the true name given above, list such name(s) and information concerning dates and places where used:

Name	Date, Place and Circumstances

Please list the address(es) you have lived during the preceding five years. *(List the current/most recent address first)*

City and State	Number and Street	Dates



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Part II
Form A

Please list the Occupations(s) you have held during the past five years, including dates, type, general duties and location. *(List current/most recent first. Attach additional pages if necessary.)*

Date	Occupation	Duties	Location Name	Location Address

Please provide names and addresses of your employers and partners, if any, for the preceding five years. *(list current/most recent address first)*

Name	Address	Date

If married, please provide the following information about your spouse:

True First Name:		Middle Name:	
True Last Name:			
Title:			
Place of Birth: <small>(City, County, State)</small>		Date of Birth:	
Address of Residence:	Street:		
	City:		
	State:	Zip Code:	

Please list the address(s) your spouse had lived during the preceding five years. *(List the current/most recent address first)*

City and State	Number and Street	Dates



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Part II Form A

Please list the Occupation(s) your spouse has held during the past five years, including dates, type, general duties and location. *(List current/most recent first. Attach additional pages if necessary.)*

Date	Occupation	Duties	Location Name	Location Address

Please provide names and addresses of your spouse's employers and partners, if any, for the preceding five years. *(list current/most recent address first)*

Name	Address	Date

Yes No Have you or your spouse EVER been convicted of ANY crime or violation of any ordinance, other than traffic? If yes, give information as to the date, location and offense for convictions:

Give names, addresses and telephone numbers of three residents of Anoka, Carver, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, or Wright County who are of good moral character, not related by blood or marriage to applicant and do not hold any ownership in the proposed who may be referred to as to applicant's character.

Name	Address	Phone #



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Part II Form A

Yes No Do you currently hold a pawnbroker, precious metal dealer or secondhand goods/antique dealer license issued by any other governmental unit? If yes, state where: _____

Yes No Have you or your spouse ever previously been denied a pawnbroker, precious metal dealer, secondhand goods/antique dealer license from any other governmental agency? If yes, state when and where: _____

Attached are (3) completed Business Reference Forms.

Attached are (3) completed Affidavit of Good Character forms.

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As an applicant for a Pawnbroker, Precious Metals Dealer or Class A or B Secondhand Goods/Antique Dealer License from the City of Coon Rapids, you are being asked to provide information about yourself which will be used by the City Council in rendering a decision. The purpose of this request for information is to meet the standards set forth by the City Ordinance and allows the City Council to thoroughly analyze your suitability and qualification to hold a Pawnbroker, Precious Metals Dealer or Class A or B Secondhand Goods/Antique Dealer License.

All information you are being asked to provide is required by City Ordinance of applicants for Pawnbroker, Precious Metals Dealer or Class A or B Secondhand Goods/Antique Dealer Licenses. If you choose not to provide all or parts of the data requested, it may diminish the possibility of the City Council appropriately evaluating the application.

The data you provide is defined by Minnesota State Statute §13.41 (Minnesota Government Data Practices Act) as Licensing Data. While in other settings much of the data requested would be classified as "Private" or "Confidential", Subdivision 4 makes application data for licenses "Public". Your original application and data supplied, the information collected by the Coon Rapids Police Department regarding your application and the record of the action taken regarding your application by the City Council will be placed on file in the office of the City Clerk. This information may be subject for review in accordance with the provision governing Public Data set forth by the Minnesota Government Data Practices Act.



City of Coon Rapids
Office of the City Clerk
11155 Robinson Drive
Coon Rapids, MN 55433-3761
Phone: 763-767-6432
Fax: 763-767-6531
<http://www.coonrapidsmn.gov>

Part II
Form A

I have read and understand the Data Practices Rights Advisory and I solemnly swear the foregoing statements in this application are true and correct to the best of my knowledge.

Date

Signature of Applicant

I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge. Any falsification of answers to the questions may result in denial of the application.

STATE OF _____
COUNTY OF _____

_____, being first duly sworn, upon his/her oath deposes and says that he/she is the person who had executed the above application and that the statements made therein are true of his/her own knowledge and belief.

Subscribed and sworn to before me a Notary Public on this ____ day of _____, 20__.

(Notary Signature)
My commission expires _____

(Signature of Applicant)

Please return this form to: City Clerk's Office
City of Coon Rapids
11155 Robinson Drive NW
Coon Rapids, MN 55433-3761
PH: 763-767-6432
Fax: 763-767-6531



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Part II
Form B

Authorization of Release of Data

In order to comply with State and Federal Data Privacy Acts, the City of Coon Rapids is required to ask the following information. This authorization expires one year from date of application.

Personal Information			
First Name:			
Middle Name:			
Last Name:			
Date of Birth:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:		
	Zip:		
Driver's License #		State of Issue:	
Day Telephone:			
Evening Telephone:			
Organization Associated with:			
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you EVER been convicted of ANY crime, either felony or misdemeanor?			
If applicant has been convicted, please state the following: (NOTE: Failure to document all crime history completely and accurately will be grounds for disqualification of license.)			
Conviction #1			
Date:			
Location:			
Nature of Conviction:			
Conviction #2			
Date:			
Location:			
Nature of Conviction:			
Conviction #3			
Date:			
Location:			
Nature of Conviction:			



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Part II Form B

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of any traffic offense? If yes, please state the following:
Offense #1		
Date:		
Location:		
Nature of Offense:		
Offense #2		
Date:		
Location:		
Nature of Offense:		
Offense #3		
Date:		
Location:		
Nature of Offense:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you violated any provisions in the Coon Rapids City Code during the last two (2) years? If yes, please explain:

I, the undersigned, have made a license application with the City of Coon Rapids. Realizing the City has need to investigate my background and history in order to better evaluate my application, I hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City, and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used in the evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any ways pertaining to the furnishing or inspection of such documents, records or other information.

I am a resident of the State of Minnesota. Yes; No

If not a Minnesota resident, I authorize the appropriate authorities to conduct a background investigation in the state of residence listed on the valid identification card provided as part of this application.

Date

Signature



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Part II
Form C

CITY OF COON RAPIDS
AFFIDAVIT OF GOOD CHARACTER
IN SUPPORT OF PAWNBROKER/SECONDHAND GOODS/PRECIOUS
METALS DEALER LICENSE APPLICATION
(1 of 3)

Re: _____

AFFIDAVIT

I am personally acquainted with, and am not a relative of, the above-referenced applicant for a Coon Rapids license.

I have known the applicant personally and have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief.

Signature of Affiant

Date

Printed Name of Affiant

Street Address

City, State, Zip

Home Telephone

Business Telephone



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Part II
Form C

CITY OF COON RAPIDS
AFFIDAVIT OF GOOD CHARACTER
IN SUPPORT OF PAWNBROKER/SECONDHAND GOODS/PRECIOUS
METALS DEALER LICENSE APPLICATION
(2 of 3)

Re: _____

AFFIDAVIT

I am personally acquainted with, and am not a relative of, the above-referenced applicant for a Coon Rapids license.

I have known the applicant personally and have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief.

Signature of Affiant

Date

Printed Name of Affiant

Street Address

City, State, Zip

Home Telephone

Business Telephone



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Part II
Form C

**CITY OF COON RAPIDS
AFFIDAVIT OF GOOD CHARACTER
IN SUPPORT OF PAWNBROKER/SECONDHAND GOODS/PRECIOUS
METALS DEALER LICENSE APPLICATION
(3 of 3)**

Re: _____

AFFIDAVIT

I am personally acquainted with, and am not a relative of, the above-referenced applicant for a Coon Rapids license.

I have known the applicant personally and have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief.

Signature of Affiant

Date

Printed Name of Affiant

Street Address

City, State, Zip

Home Telephone

Business Telephone



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Part II
Form D

**CITY OF COON RAPIDS BUSINESS REFERENCE
IN SUPPORT OF PAWNBROKER/SECONDHAND GOODS/PRECIOUS METALS
DEALER LICENSE APPLICATION
(1 of 3)**

Applicant Information:

Applicant's Name: _____

Title: _____ Organization: _____

Applicant's Authorization for Release of Information

I hereby authorize the release of any information to the City of Coon Rapids about my business affairs from the business reference listed below in support of my application for a pawnbroker/secondhand goods/precious metals dealer license.

Applicant's Signature

Date

BUSINESS REFERENCE INFORMATION

Name _____

Position with Business _____

Business Name _____

Business Address _____

Business Phone _____

State the basis of your knowledge of applicant's business affairs:

How long have you had a business relationship with the applicant?

Has the business relationship with the applicant been satisfactory? Yes; No. Please explain:

Has your credit experience with the applicant been satisfactory? Yes; No. Please explain:

General remarks:

Signature of Business Reference

Date



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Part II
Form D

**CITY OF COON RAPIDS BUSINESS REFERENCE
IN SUPPORT OF PAWNBROKER/SECONDHAND GOODS/PRECIOUS METALS
DEALER LICENSE APPLICATION**
(2 of 3)

Applicant Information:

Applicant's Name: _____

Title: _____ Organization: _____

Applicant's Authorization for Release of Information

I hereby authorize the release of any information to the City of Coon Rapids about my business affairs from the business reference listed below in support of my application for a pawnbroker/secondhand goods/precious metals dealer license.

Applicant's Signature

Date

BUSINESS REFERENCE INFORMATION

Name _____

Position with Business _____

Business Name _____

Business Address _____

Business Phone _____

State the basis of your knowledge of applicant's business affairs:

How long have you had a business relationship with the applicant?

Has the business relationship with the applicant been satisfactory? Yes; No. Please explain:

Has your credit experience with the applicant been satisfactory? Yes; No. Please explain:

General remarks:

Signature of Business Reference

Date



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Part II
Form D

**CITY OF COON RAPIDS BUSINESS REFERENCE
IN SUPPORT OF PAWNBROKER/SECONDHAND GOODS/PRECIOUS METALS
DEALER LICENSE APPLICATION**
(3 of 3)

Applicant Information:

Applicant's Name: _____

Title: _____ Organization: _____

Applicant's Authorization for Release of Information

I hereby authorize the release of any information to the City of Coon Rapids about my business affairs from the business reference listed below in support of my application for a pawnbroker/secondhand goods/precious metals dealer license.

Applicant's Signature

Date

BUSINESS REFERENCE INFORMATION

Name _____

Position with Business _____

Business Name _____

Business Address _____

Business Phone _____

State the basis of your knowledge of applicant's business affairs:

How long have you had a business relationship with the applicant?

Has the business relationship with the applicant been satisfactory? Yes; No. Please explain:

Has your credit experience with the applicant been satisfactory? Yes; No. Please explain:

General remarks:

Signature of Business Reference

Date



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Part II
Form E

Supplemental Investigation Information

Print Full Name

Date of Birth

The following information is necessary for the Police Department to properly identify the applicant for purposes of the required background investigation. This information will be retained only by the Police Department as required by law and will not be included in any investigative report submitted to the City Council and will not become a part of the public record or released to the public except as authorized by law.

Sex: Male; Female

Race: _____



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Part II **Form F**

INFORMATION ADVISORY AND AUTHORIZATION FOR RELEASE OF INFORMATION TO SUPPORT LICENSE APPLICATION

In connection with your application for a license, you are being requested to provide information regarding your criminal and financial background which may be classified as public or private data under the Minnesota Data Practices Act.

The purpose of the information requested in the application is to provide data for the investigation of license applicants required by City Code. Providing the information will assist the police department in preparing an investigative report for the City Council’s review. The investigative report is provided to the City Council and is considered when granting or denying the license. All information provided in that report becomes part of the public record and is available to any requesting individual.

If the license is approved, all information provided by the applicant as part of the license application becomes public and is available to any interested individual. If the license is not approved, only the name and address of the applicant and the investigative report provided to Council for consideration becomes public.

You have the right to refuse to supply the requested information. If you do so, this fact may be reported to the City Council and may result in the denial of your license.

A criminal charge, arrest, or conviction will not bar an applicant from obtaining a license with the City of Coon Rapids unless the conviction is directly related to the matter for which the license is sought, according to Minnesota Statute §364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the license.

The data you provide is defined by Minnesota State Statute 13.41 (Minnesota Government Data Practices Act) as Licensing Data. While in other settings much of the data requested would be classified as "Private" or "Confidential", Subdivision 4 makes application data for license "Public". Your original application and data supplied, the information collected by the Coon Rapids Police Department regarding your application and the record of the action taken regarding your application by the City Council will be placed on file in the office of the City Clerk. This information may be subject for review in accordance with the provisions governing Public Data set forth by the Minnesota Government Data Practices Act.

* * * * *

“I acknowledge being informed and receiving a copy of the above advisory and agree to provide the requested information. I further authorize the release to the City of Coon Rapids of any information about my business and financial affairs which may be requested from any firm relative to my financial background. I also authorize the City of Coon Rapids to investigate the information provided in my application and to contact the persons named on the application. I understand that incorrect or incomplete information provided by me in my application may be considered falsification of the application and may be used as grounds for the denial of the license.”

Printed Name of Applicant

Title

Signature of Applicant

Date



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Part II Form G

License Applicant Information

Under Minnesota Law (M.S. 270C.03) the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

- Under the Minnesota Government Data Practices Act and the Federal Privacy Act, we must advise you:
- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue, or any other Department of Revenue in the United States, delinquent taxes, penalties or interest.
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please print or type in the following information and return along with your application.

Personal Information:			
First Name:		Middle Name:	
Last Name:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:	Zip:	
Driver's License #		State of Issue:	
Social Security #			
Business Information:			
Complete Legal Business Name:			
Doing Business As Name:			
Store Phone #:			
Business Address in Coon Rapids:	Street:		
	City:	Coon Rapids	
	State:	Zip:	
Minnesota Tax ID #		Federal Tax ID #	
If Minnesota Tax ID # is not required, please explain:			

Date Signature Title