

CITY OF RAMSEY

APPLICATION FOR 2017 PAWNBROKER LICENSE

Date: _____

Application is hereby submitted for a pawnbroker license within the City of Ramsey, in accordance with the Ordinances of said city regulating the same.

Enclose with this applications:

- The license fee of \$4,000
- A completed and signed "background check authorization" form and copy of driver's license
- Fee for background check: In-State \$500 Out-of-State \$1,500
- A certificate of workers' comp insurance or company name & policy #: _____ (if applicable)
- A certificate of liability insurance

1. **FULL** Name of Business: _____
2. Address of the premises to be licensed: _____
3. Business Phone Number(s): _____
4. Minnesota Tax Identification No. _____
5. Federal Tax identification No. _____
6. Manager or Owner's **FULL** Name: _____
Last First Middle Name
7. Manager or Owner's Date of Birth: _____
8. Manager or Owner's Place of Birth: _____

If Applicant is different from Manager/Proprietor, please fill out O's 9 through 15

9. Applicant's **Full** Name: _____
Last First Middle Name
10. Applicant's Phone Number(s): ____ () ____ ()
11. Applicant's Email Address: _____
12. Applicant's Address: _____
13. Applicant's Date of Birth: _____
14. Applicant's Place of Birth: _____
15. Applicant's Position with Company: _____
16. Address of Owner of Premises: (If different from applicant) _____
17. Owner's Phone Number(s): (If different from applicant) ____ () ____ ()
18. If partnership, state names and addresses of all partners. Include a copy of the Partnership Agreement.

19. If corporation, state names and addresses of all officers and directors. Include a copy of the Articles of incorporation and Secretary of State's Certificate of Good Standing.

No other persons than those named in this application have any interest in the management and control of such business.

20. Brief description of nature of business and goods to be received/sold:

21. Period of time in which activities will be conducted: _____

22. Source of supply of goods or property proposed to be sold:

23. _____

24. Other communities where licenses are or have been held:

25. List below as to whether, within the preceding five (5) years, the applicant, and/or owner of the business has been convicted of any crime relating to theft, damage or trespass to property, sale of a controlled substance, or the operation of business; the nature of any such offense and the penalty assessed:

26. The names, residences and/or business addresses of three (3) persons, residents of the State of Minnesota of good moral character, not related to the Applicant or financially interested in the licensee's premises who may be referred as to the Applicant's character, or in the case where information is required of a manager, the manager's character.

27. Do you reside in Ramsey and have your home as a base for your business? Yes: ____ No: ____

28. If yes, what is the present zoning of the property? _____

29. This application shall be accompanied by a statement indicating the amount of investment the Applicant has in the business, building, premises, fixtures, furniture, stock in trade, etc. and proof of source of such money.

30. In order to permit the verification of the information required by City Code, any person required to submit information as herein set forth shall not engage in the business of second hand goods dealer as described in the City Code until seven (7) days have elapsed after submitting the application. Licenses are good for one year and must be renewed each year. The license period ends December 31 of each year and may be pro rated.. The initial application/investigation fee and the annual pawnbrokers **LICENSE FEE OF \$4,000** shall be paid at the time of application.

DATA PRACTICES ADVISORY: *The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record.*

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. Further, I agree to comply with all the provisions of the ordinance under which this license is granted.

Applicant's Signature: _____

Date: _____

Subscribed and sworn to before me, a notary public, on this ____ day of _____, 20_____

NOTARY PUBLIC

My Commission expires: _____

***Return completed application and requested information along with the fee to: Jo Thieling,
City Clerk, City of Ramsey, 7550 Sunwood Drive NW, Ramsey, MN 55303
Phone: 763-433-9840 Fax: 763-433-9898***

Make check or money order payable to "City of Ramsey"

OFFICE USE ONLY:

Approved By/Date

License Fee

Receipt No.

License No.

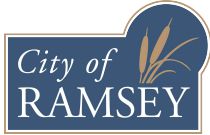
Zoning Approval

Zoning Comments: _____

Findings by Ramsey Police Department:

This license will expire on December 31, 2017

Our Mission: To work together to responsibly grow our community, and to provide quality, cost-effective, and efficient government services



CITY OF RAMSEY
TENNESSEN WARNING

In connection with your request for a license, the City of Ramsey has asked that you provide information about yourself which is classified as either *private or confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

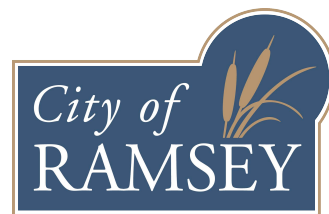
The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Date

Signature of Applicant

Print Name

CITY OF RAMSEY
CITY CLERK'S OFFICE
REQUEST FOR BACKGROUND CHECK INFORMATION



DATA PRIVACY ADVISORY: The data supplied on this form will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

INFORMATION TO BE USED FOR BUSINESS LICENSE PROCESSING ONLY

Ramsey Police Department Records Division

Individual Background Check to Include: Criminal History, Drivers License Check, Outstanding Warrants

Please Print

Type of License Applied For: _____

Business Name: _____

Business Address: _____

Applicant Information:

Driver's license, State ID, or Military ID Number (*attach copy*): _____

Name: _____ Date of Birth: _____
First Middle Last

Phone(*daytime*): _____ Sex: _____ Race: _____

Address: _____
Street City State Zip Code

Other Names Used (*in past 5 years*): _____

Other Addresses (*in past 5 years*): _____
(Attach separate sheet if necessary)

I, the undersigned do hereby authorize the RAMSEY POLICE DEPARTMENT to disclose all criminal history record information to the City Clerk's Office for the purpose of licensing with the City of Ramsey. This authorization shall be valid for one year from the date of my signature.

Signature

Date

FOR OFFICE USE ONLY

Approved Denied

Checks: Criminal History Driver's License Warrants

Comments:

Application Processed by: _____ Date: _____