



City of Maplewood | **Office of the City Clerk**
1830 County Road B East | Maplewood, MN
55109 651-249-2005 | 651-249-2009 (fax)

PAWNBROKER LICENSE – SUPPLEMENT APPLICATION

THIS SUPPLEMENT MUST BE COMPLETED BY:

- INDIVIDUAL OWNERS
- OWNERS OF CORPORATIONS WITH AN INTEREST OF 5% OR MORE
- ALL PARTNERS OF PARTNERSHIPS
- ESTABLISHMENT MANAGER

APPLICATION CHECKLIST:

To prevent delay, please ensure the following information is submitted.
Incomplete applications are not accepted and will be returned immediately.

- Pawnbroker License - Supplement application
- Background Investigation Fee of \$500.00
- Informed Consent form
- Copy of Driver's License

EVERY QUESTION MUST BE ANSWERED

Whoever shall knowingly and willfully falsify the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly.

Business Name _____ Trade Name: _____
 Address _____ City _____ State _____ Zipcode _____
 Phone Number (_____) _____ Alternate Number: (_____) _____
 Federal Tax ID # _____ MN State Tax ID # _____

Applicant Information (individual who executes and signs this application)

Name of Applicant _____

Job Title _____ E-mail Address _____

Address _____ City _____ State _____ Zip Code _____

Telephone (_____) _____ Driver's License Number _____ State _____

Are you a Citizen of the United States? Yes No

If naturalized, state date and place of naturalization: _____

Are you a legal resident alien of the United States? Yes No

List each residential address within the past five years (attach additional sheet if necessary): _____



Have you ever been known by a name other than the one listed above? Yes No

If yes, list other names and period of time each name was used (attach additional sheet if necessary): _____

Provide the following for each place of employment within the past five years (attach additional sheet if necessary):

1) Business Name, 2) Business Address, 3) Name of Employer, 4) Business Partners, 5) Length of Employment

Have you ever been convicted of a felony, crime or violation of any ordinance other than a traffic ordinance, or had a violation within the preceding five years, of any law relating to theft, damage or trespass to property, sale of a controlled substance, or operation of a business? Yes No

If yes, attach a separate page, giving the following information for each conviction: 1) charge or offense, 2) date of arrest, 3) arresting agency, 4) date of conviction, 5) court name and location, 6) sentence.

Do you currently hold a pawnbroker, precious metal dealer or secondhand goods dealer license from any other governmental unit? Yes No If yes, please indicate where _____

Have you ever been previously been denied, or had revoked or suspended, a pawnbroker, precious metal dealer, or secondhand dealer license from any other governmental unit? Yes No If yes, indicate where and the reason(s) for denial _____

The data in this application will be used to approve your license. Upon approval of license, the information contained in this application shall be deemed public unless private by State Statute. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I have received from the City of Maplewood a copy of *Maplewood City Code Chapter 14, Article XII, Division 2 (Automated Pawn System)* and will familiarize myself with the provisions contained within it.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Maplewood to investigate and make whatever inquiries necessary to verify the information provided.

Applicant Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Seal

Office Use Only

Investigation Fee Paid \$ _____ Receipt No. _____ Date _____



City of Maplewood | **Citizen Services Department**
1830 County Road B East | Maplewood, MN 55109
651-249-2005 | 651-249-2009 (fax)

BUSINESS LICENSE BACKGROUND CHECK CONSENT FORM

Please PRINT the following Applicant information:

Last Name: _____

First Name: _____ Middle Name (full): _____

Maiden/Former/Alias: _____

Date of Birth: _____ Place of Birth: _____

Sex: Male: _____ Female: _____ Social Security Number: _____

Driver's License Number: _____ State: _____

**** submit a copy of Driver's License with this form**

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Maplewood for the purpose of determining my eligibility for obtaining a business license by the City of Maplewood, pursuant to Minnesota State Statute 2997C.72.

I understand that I am under no obligation to consent to such investigation, but that if I refuse to do so, my application cannot be processed.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Applicant Signature

Date