



CITY ADMINISTRATOR'S OFFICE

101 14th Street, Cloquet MN 55720
Phone: 218-879-3347 Fax: 218-879-6555
www.cloquetmn.gov
email: kstarnold@cloquetmn.gov

**CITY OF CLOQUET, MN
APPLICATION FOR PAWNBROKER LICENSE**

This application, all required documentation and fees must be submitted by any person desiring to obtain a license to operate a pawnbroker business within the City of Cloquet, MN.

INDIVIDUAL SUBMITTING APPLICATION:

Name: _____
First Full Middle Name Last

Address: _____

City, State, Zip: _____

_____ Home Phone Work Phone Cell Phone

_____ E-Mail Address

BUSINESS INFORMATION:

Business / License Name: _____

Business Address: _____

City, State, Zip: _____

Business Mailing Address (if different from above): _____

Business Phone (including area code) Alternate Phone (including area code)

(If the name of the business is to be conducted under a designation, name or style other than the name of the applicant, please submit a certified copy of the certificate as required by Minnesota Statutes, Sec. 333.01)

Minnesota State Sales Tax Number: _____

Are you a Federal Firearms Dealer: No Yes - Fed. ID Number: _____

How many employees are intended to be engaged in the operation of the business? _____

BUSINESS OWNERSHIP INFORMATION:

Business Type: Sole Proprietorship Partnership Corporation Other _____

If jointly owned or partnership/corporation, you must provide the following information on any/all joint owners, partners or corporate members. (Use additional sheets as necessary)

Full Name: First Middle Last

Title: _____

Home Address: _____

City, State, Zip: _____

_____ Home Phone Work Phone Cell Phone

_____ E-Mail Address

Date of Birth: _____ Social Security Number: _____

Place of Birth: _____ Percent of Interest: _____

Full Name: First Middle Last

Title: _____

Home Address: _____

City, State, Zip: _____

_____ Home Phone Work Phone Cell Phone

_____ E-Mail Address

Date of Birth: _____ Social Security Number: _____

Place of Birth: _____ Percent of Interest: _____

MANAGER OR PERSON IN CHARGE OF BUSINESS:

(If different from applicant, please fill in the following information and submit Supplemental Affidavit)

Name: _____
First Full Middle Name Last

Address: _____

City, State, Zip: _____

_____ Home Phone Work Phone Cell Phone

_____ E-Mail Address

PROPERTY INFORMATION:

The property at which I am requesting a license for, I Own Rent Lease Other: _____

(If you rent or lease the premises, you must attach a copy of your fully executed rental or lease agreement pertaining to the proposed business premises)

If you are not the property owner, please list property owner information:

Name: _____
(First) (Full Middle) (Last)

Address: _____

_____ Home Phone Work Phone Cell Phone

Property Zoning District: _____

Property Parcel Code: _____

Property Legal Description: _____

Real estate and personal property taxes on property to be licensed are:
(If delinquent, please state the years and amounts that are unpaid)

Paid current

Delinquent

Are there any financial claims to the City of Cloquet owed by the applicant, business owner, or property owner?

None exist.

There are financial claims owed to the City of Cloquet.

If there are current financial claims owed to the City of Cloquet, please state the responsible party, state amount(s), and type of claim:

| Responsible Party | Amount | Type of claim (i.e., utilities, etc.) |
|-------------------|--------|---------------------------------------|
| _____ | _____ | _____ |
| Responsible Party | Amount | Type of claim (i.e., utilities, etc.) |
| _____ | _____ | _____ |

APPLICANT INFORMATION:

Name: _____
First Full Middle Name Last

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

United States Citizen Resident Alien

1. List all names you have used or been known by, other than applicant name. Indicate information concerning dates and places used:

2. List addresses at which you have lived during the preceding five years. (Begin with present or last address and work back.) *Attach additional sheets if necessary.*

Street Address: _____
City, State, Zip: _____
Dates at Address: _____

Street Address: _____

City, State, Zip: _____

Dates at Address: _____

Street Address: _____

City, State, Zip: _____

Dates at Address: _____

3. Name, location and type of every business or occupation you have been engaged in during the preceding five years. (Begin with present or last occupation and work back.) *Attach additional sheets if necessary.*

Business or Occupation: _____

City, State, Zip: _____

Dates at Address: _____

Business or Occupation: _____

City, State, Zip: _____

Dates at Address: _____

Business or Occupation: _____

City, State, Zip: _____

Dates at Address: _____

4. Please provide the names and addresses of your employers and partners, if any, for the preceding five years. (Begin with present or last occupation and work back.) *Attach additional sheets if necessary.*

Employer or Partner: _____

Address: _____

City, State, Zip: _____

Dates: _____

Employer or Partner: _____

Address: _____

City, State, Zip: _____

Dates: _____

Employer or Partner: _____

Address: _____

City, State, Zip: _____

Dates: _____

5. Have you ever been convicted of any felony, crime or violation of any ordinance, other than traffic? Yes No

If yes, give information as to the date, place, and offense for each conviction

6. Do you currently hold a current pawnbroker, precious metal dealer or second-hand goods dealer license from any other governmental unit? Yes No

(If yes, please list. Please attach additional sheets if necessary)

Type of License: _____

Governmental Agency: _____

Type of License: _____

Governmental Agency: _____

Type of License: _____

Governmental Agency: _____

7. Have you ever been denied or had revoked or suspended a pawnbroker, precious metal dealer or secondhand goods dealer license from a governmental agency? Yes No

(If yes, list type of license; whether a denial, revocation or suspension; and by what agency)

Please attach additional sheets if necessary.

Type of License: _____

Type of Action Taken: _____

Governmental Agency: _____

Type of License: _____

Type of Action Taken: _____

Governmental Agency: _____

Type of License: _____

Type of Action Taken: _____

Governmental Agency: _____

6.11.04 Subd. 3. (C) Application execution. All applications for a license under this chapter must be signed and sworn to under oath or affirmation by the applicant. If the application is that of a natural person, it must be signed and sworn to by such person; if that of a corporation, by an officer thereof; if that of a partnership, by one of the general partners; and if that of an unincorporated association, by the manager or managing officer thereof.

MUST BE SIGNED BEFORE A NOTARY

I HEREBY UNDERSTAND AND AGREE THAT:

1. Information revealed herein for a Pawnbroker License in the City of Cloquet will be handled by the City in accordance with federal and state laws regarding privacy of criminal records.
2. A criminal conviction will not bar an applicant from obtaining a Pawnbroker License with the City of Cloquet unless such conviction is directly related to the occupation for which the license is sought, according to Minnesota Statutes §364.03.
3. Failure to reveal a criminal conviction will be considered falsification of the application and may be used as grounds for denial of the license.

(I) do hereby swear that I have submitted all of the required documentation as listed above and that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Cloquet, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and my qualifications for this license. I do understand that providing false information shall be grounds for denial of my license.

 Signature of Applicant Date

Print Name _____
 First Middle Last

NOTARY SEAL Subscribed and sworn to before me this _____ day of _____, 20 ____
 Signature of Notary: _____
 Notary Public _____ County, _____ (State)
 My Commission Expires: _____

- SEND FUTURE APPLICATION RENEWALS TO:**
- Applicant’s Residence Address
 - Business Address

| FOR CITY USE ONLY: (When applicable) | | | | |
|--------------------------------------|------------|-----------|---------|-------|
| | Signature: | Approved: | Denied: | Date: |
| Planning: | | | | |
| Police Chief: | | | | |
| Fire Dept.: | | | | |
| Finance Director: | | | | |
| City Administrator: | | | | |

PAWNBROKER LICENSE APPLICATION SUPPLEMENTAL AFFIDAVIT

This form must be completed, signed and sworn to by each manager, owner, partner, officer, and shareholder of the establishment applying for a pawnbroker license from the City of Cloquet.

Name: _____
First Full Middle Name Last

Address: _____

City, State, Zip: _____

_____ Home Phone Work Phone Cell Phone

_____ E-Mail Address

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

United States Citizen Resident Alien

1. List all names you have used or been known by, other than applicant name. Indicate information concerning dates and places used:

2. List addresses at which you have lived during the preceding five years. (Begin with present or last address and work back.) *Attach additional sheets if necessary.*

Street Address: _____
City, State, Zip: _____
Dates at Address: _____

Street Address: _____
City, State, Zip: _____
Dates at Address: _____

Street Address: _____
City, State, Zip: _____
Dates at Address: _____

PAWNBROKER LICENSE APPLICATION SUPPLEMENTAL AFFIDAVIT (cont.)

3. Name, location and type of every business or occupation you have been engaged in during the preceding five years. (Begin with present or last occupation and work back.) *Attach additional sheets if necessary.*

Business or Occupation: _____

City, State, Zip: _____

Dates at Address: _____

Business or Occupation: _____

City, State, Zip: _____

Dates at Address: _____

Business or Occupation: _____

City, State, Zip: _____

Dates at Address: _____

4. Please provide the names and addresses of your employers and partners, if any, for the preceding five years. (Begin with present or last occupation and work back.) *Attach additional sheets if necessary.*

Employer or Partner: _____

Address: _____

City, State, Zip: _____

Dates: _____

Employer or Partner: _____

Address: _____

City, State, Zip: _____

Dates: _____

Employer or Partner: _____

Address: _____

City, State, Zip: _____

Dates: _____

5. Have you ever been convicted of any felony, crime or violation of any ordinance, other than traffic? Yes No

If yes, give information as to the date, place, and offense for each conviction. Also, specifically state if any such conviction was a felony offense or involved any allegations of physical assault or sexual misconduct.

PAWNBROKER LICENSE APPLICATION SUPPLEMENTAL AFFIDAVIT (cont.)

MUST BE SIGNED BEFORE A NOTARY

I HEREBY UNDERSTAND AND AGREE THAT:

1. Information revealed herein for a Pawnbroker License in the City of Cloquet will be handled by the City in accordance with federal and state laws regarding privacy of criminal records.
2. A criminal conviction will not bar an applicant from obtaining a Pawnbroker License with the City of Cloquet unless such conviction is directly related to the occupation for which the license is sought, according to Minnesota Statutes §364.03.
3. Failure to reveal a criminal conviction will be considered falsification of the application and may be used as grounds for denial of the license.

(I) do hereby swear that I have submitted all of the required documentation as listed above and that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Cloquet, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and my qualifications for this license. I do understand that providing false information shall be grounds for denial of my license.

Signature of Applicant

Date

Print Name _____

First Middle Last

NOTARY SEAL Subscribed and sworn to before me this _____ day of _____, 20____

Signature of Notary: _____

Notary Public _____ County, _____ (State)

My Commission Expires: _____

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THIS APPLICATION:

- Police Records Liability Waiver (*for each manager, owner, partner, officer, and shareholder of the establishment*)
- Photocopy of current Minnesota Driver's License
- Authorization & Release/Data Practices Advisory Form
- Minnesota Business Tax Identification Law Form
- Workers Compensation Form
- Provide a bond in the sum of \$5,000 to cover license term of Jan. 1 - Dec. 31
- If you rent or lease the premises, you must attach a copy of your fully executed rental or lease agreement pertaining to the proposed business premises
- If the name of the business is to be conducted under a designation, name or style other than the name of the applicant, please submit a certified copy of the certificate as required by Minnesota Statutes, Sec. 333.01

- Appropriate Fees:
 - **Annual Pawnbroker license fee of \$300.00**
 - **Investigation Fee per City Code (Section 6.11.05 Subd 3)**

Authorization & Release

The undersigned, having filed an application with the City of Cloquet realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application, does 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 or any of its representatives 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 by it in its 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 way pertaining to the furnishing or inspection of such documents, records and other information.

Data Practices Advisory (*Tennessee Warning*)

Some or all of the information that you are asked to provide on the attached forms are classified by state law as either private or confidential. Private data is information which generally cannot be given to the public, but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data.

Our purpose and intended use of this information is to perform background investigations of the applicant, manager and others appearing on the application. This information will be used to determine if it is appropriate for the applicant to be issued a license or permit from the City of Cloquet.

You are not legally required to provide this information. However, failure to furnish the requested information may result in your application being denied.

This information will be used by various City departments in the course of their investigations. In addition, various State and Federal law enforcement agencies may be furnished portions of the information you provide.

If you have any questions in this regard, please contact the City Administrator's Office at (218) 879-3347.

I read and understand the above information regarding my rights as a subject of government data.

**I HAVE READ AND UNDERSTAND THE ABOVE
AUTHORIZATION & RELEASE AND DATA PRACTICES ADVISORY.**

Signature of Applicant

Date

MINNESOTA BUSINESS TAX IDENTIFICATION LAW

Pursuant to Minnesota Statute 270C.72 (Tax Clearance; Issuance of Licenses), Subd. 4. **The licensing authority is required to provide the Minnesota Commissioner of Revenue your business tax identification number and social security number of each license applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:**

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

License Type: _____

Please supply the following information and return along with your application to the City of Cloquet.

| APPLICANT INFORMATION | | |
|-------------------------|-------------|-----------|
| Name: First | Full Middle | Last |
| Current Address: | | |
| City: | State: | Zip Code: |
| Social Security Number: | | |

| BUSINESS INFORMATION | | |
|----------------------|--------|-----------|
| Business Name: | | |
| Business Address: | | |
| City: | State: | Zip Code: |

| TAX IDENTIFICATION NUMBERS |
|--------------------------------------|
| Federal Tax Identification Number: |
| Minnesota Tax Identification Number: |

Signature: _____

Date: _____

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE.

Minnesota Statutes, 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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

| | | |
|---|------------------------|---------------------|
| LICENSE or CERTIFICATE NO (if applicable) | BUSINESS TELEPHONE NO. | FAX TELEPHONE NO. |
| BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.) | | |
| DBA ("doing business as" or also known as an assumed name) (if applicable) | | |
| BUSINESS ADDRESS (must be physical street address, no PO boxes) | CITY | STATE ZIP CODE |
| COUNTY | E-MAIL ADDRESS | |

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

| | | |
|--|----------------|-----------------|
| INSURANCE COMPANY NAME (not the insurance agent) | NAIC Number | |
| POLICY NO. | EFFECTIVE DATE | EXPIRATION DATE |

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

| | | |
|--------------------------------|-------|------|
| PRINT NAME | | |
| APPLICANT SIGNATURE (required) | TITLE | DATE |

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.

**CLOQUET POLICE DEPARTMENT
101 14th Street - Cloquet, MN 55720**

POLICE RECORDS LIABILITY WAIVER

I respectfully request and expressly authorize the Cloquet Police Department to inspect criminal history records maintained on me by any and all law enforcement agencies, the Bureau of Criminal Apprehension and/or the Federal Bureau of Investigation. I further authorize the Cloquet Police Department to release any information obtained from these sources to the City of Cloquet as may be required. Information obtained in this manner is to be used solely for the purpose of determining my eligibility for the following:

License you are applying for: _____

| APPLICANT INFORMATION | | |
|---|-------------------------|-------------|
| First Name: | Full Middle Name: | Last Name: |
| Current Home Address: | | |
| City: | State: | Zip: |
| Previous Address: | | |
| City: | State: | Zip: |
| Home Phone: | Cell Phone: | Work Phone: |
| E-mail address: <i>(if applicable)</i> | | |
| Date of Birth: | Social Security Number: | |
| Driver's License Number: | | |
| Other names by which applicant has been known, including maiden name, names from previous marriages or aliases: | | |
| First Name: | Full Middle Name: | Last Name: |
| First Name: | Full Middle Name: | Last Name: |
| Business Name: | | |
| Business Address: | | |
| Business Phone Number: | | |

I hereby expressly release the Cloquet Police Department and its employees from any liability for damage to me which may result from the furnishing of such information:

X _____
Signature of Individual Authorizing Release

Date

(Please submit copy of Driver's License)

CITY OF CLOQUET
101 – 14th Street Cloquet Avenue
Cloquet, MN 55720
(218) 879-3347

Date: _____

The following named individual has made application with the City of Cloquet for employment.

Last Name of Applicant (Please Print): _____

First Name (Please Print): _____

Middle (full) (Please Print): _____

Maiden, Alias or Former Name (Please Print): _____

Date of Birth: _____ **Sex** (M or F): _____

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Cloquet for the purpose of employment with the City of Cloquet.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant: _____ **Date:** _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____ Notary Public

Authorization for Minors (must be signed if applicant is under 18 year of age)

The undersigned certifies that he/she is the custodial parent or guardian of the above named applicant. By my signature, I give permission for the applicant to participate in this program and to have his/her background checked.

Parent or Guardian Signature

Date Signed