



STATE OF MINNESOTA
COUNTY OF HENNEPIN

License #: _____
Exp date: _____
(1 year from issued date)
Fee: \$50.00 [] Mark if paid

Application for License
Precious Metal Dealer

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

This application is a renewal: Yes No If yes, 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 Hennepin County.
The name, date of birth, and residential address of the person in charge of each location.
A list of all officers and general partners, including their residential addresses, telephone numbers, and dates of birth.

Individual applicant
Applicant name: _____ Email: _____
Residential address: _____
Applicant's date of birth (mm/dd/yy): _____ 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 Hennepin 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: _____

NOTARIZED SIGNATURE REQUIRED FOR MAIL IN ONLY
State of _____ County of _____
Subscribed and sworn to before me this ____ day of _____, 20____.
Notary Public

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

Designee: _____ Location: _____