

Temporary Precious Metal Dealer License Application

Part I – General

1. Legal name of licensee _____
 Home address _____ Home phone (_____) _____
 Local address _____ Local phone (_____) _____

2. Business name _____ Phone (_____) _____
 Address _____
Street City County State Zip

3. Applicant's relationship to business _____ Business Web site _____
 Name of supervising manager _____ Phone (_____) _____
Last First Full middle Maiden name
 Local address _____
Street City County State Zip

*If business is to be conducted under a designation, name or style other than the name of the applicant, **attach** a certified copy of the Certificate of Assumed Name as required by Minnesota Statute, Section 333.02.*

Each owner, officer and/or general and limited partner must complete a Part II - Personal History Form.

4. Minnesota Business Tax ID Number _____ Applicant's Social Security Number _____
(Per Minnesota Statute 270C.72)
 Federal Business Tax ID Number _____

5. Proof of **Workers' Compensation Insurance Coverage:**
 Insurance company name _____ Dates of coverage _____
 Policy number/Self-insurance permit number (Per Minnesota Statute Section 176.182) _____
 I am **not** required to have workers' compensation liability coverage because
 I have no employees covered by the law Other Specify _____

6. **Description of event:** Location _____
 Date(s) _____ Time _____
 Type of merchandise to be purchased _____

7. **Has Applicant held a similar event in Bloomington within the last 2 years?** Yes No
 If **Yes** list date(s) and location(s): _____

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8. Is the event open to the public? Yes No (If no, proceed to 9.)

If yes, list date(s) and times _____

9. Is the event open exclusively to one or more of the following? Check all that apply.

- Dealers Merchants Manufacturers Wholesalers Corporate or government entity

Notice and notarized signature

The data on this form will be used to approve your license. Some requested data is private. 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 Bloomington a copy of *Bloomington City Code, Chapter 14* (Temporary Precious Metal Dealers Ordinance) and will familiarize myself with the provisions contained within them.

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 Bloomington to investigate and make whatever inquiries that are necessary to verify the information provided.

X _____
Applicant signature

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

Notary signature