

# Temporary Secondhand Goods Dealer License Application

Part I – General

1. Type of license  **Secondhand goods dealer**  **Secondhand goods occasional dealer - group**

2. Legal name of licensee \_\_\_\_\_

Home address \_\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_

Local address \_\_\_\_\_ Local phone (\_\_\_\_\_) \_\_\_\_\_

3. Business name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
*Street City County State Zip*

4. 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.*

5. Minnesota Business Tax ID Number (Per Minnesota Statute 270C.72) \_\_\_\_\_ Applicant's Social Security Number \_\_\_\_\_

Federal Business Tax ID Number \_\_\_\_\_

6. 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 \_\_\_\_\_

7. **Description of event:** Location \_\_\_\_\_

Date(s) \_\_\_\_\_ Time \_\_\_\_\_

Type of merchandise to be purchased \_\_\_\_\_

8. **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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9. Is the event open to the public?  Yes  No (If no, proceed to 10.)

If yes, list date(s) and times \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. 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 Secondhand Goods 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*