

Checklist for Secondhand Goods Dealer License

(Exempt from Reporting)

1. Fill out the Business Information Form. (**Do this first.**)
2. If you haven't already done so, contact the MN Department of Revenue to register your business and obtain a tax ID number.
3. Read Crystal City Code Section 1175 (attached) regarding secondhand goods dealers.
4. Complete the application and submit to the city clerk. Include a site plan with the application (see Crystal City Code Section 1175.15 for details).
5. Pay the \$75 annual license fee.
6. The City Council must approve the license before it can be issued. Meetings are typically the first and third Tuesday of each month.

Mail the completed application and forms to:

**City of Crystal
City Clerk
4141 Douglas Drive North
Crystal, MN 55422**



APPLICATION FOR LICENSE

City of Crystal

4141 Douglas Drive N, Crystal, MN 55422

Telephone: (763) 531-1000 / Facsimile: (763) 531-1188

Deaf and hard of hearing callers may call Minnesota Relay at 711.

PLEASE PRINT CLEARLY

Applicant's Name:	Fee:* (0100-4105) (exempt from regular secondhand license)	\$75.00
Home Address:	Home Phone: ()	
City/State/Zip:	Cell Phone: ()	
Business Name:	Business Phone: ()	
Doing Business As:	Email:	
Business Address, including zip code:		
MN Tax ID #: (NOTE: you must provide a copy of the confirmation letter from the State.)	Federal Tax ID #:	
If a Minnesota Tax ID number is not required, please explain here and provide your social security number:		

I enclose the sum of seventy-five and no/100 dollars to the City of Crystal as required by the ordinances of said city and have complied with all the requirements of said ordinances necessary for obtaining this license.

I hereby make application to **OPERATE AS A SECONDHAND GOODS DEALER** at the above business address for the period _____ through December 31, 20____, subject to all conditions and provisions of said ordinance.

ADDITIONAL REQUIREMENTS

1. Site plan drawn to scale, containing:
 - a. legal description of the property upon which the proposed licensed premises is situated;
 - b. a plot plan;
 - c. exact location of licensed premises on the property, customer and employee parking areas, accesses onto the property, and entrances into the premises;
 - d. location of and distance from the nearest church, school, hospital, and residence; and
 - e. a floor plan of the licensed premises.
2. County license if dealing in precious metals and/or gems

The information in this Application for License is true and complete to the best of my knowledge.

Signature of Applicant

Date

*Fee: *If exempt, fill out Licensing Fee Exemption Form*

APPLICATION FOR LICENSE INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION
(Includes Tennessean Warning)

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply this information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failure to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application.

City Use Only:	JDE# _____	Date Entered: _____
	PIMS ID# _____	Council 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. LIC 04 (3/13)

PERSONAL STATEMENT

The application must be printed clearly. All questions must be answered, if applicable. If not, indicate with N/A. Incomplete and non-legible applications will not be considered. If the space provided is not sufficient, you may add information to additional sheets providing that you number the answers to correspond with the questions.

HISTORY

Full Name: _____
Last First Middle

List all other names you have used, including nicknames; if female, furnish maiden name. If you have ever legally changed your name, give date, place, and court.

Birthdate: _____ Place of Birth: _____

Are you a U.S Citizen? Yes No Naturalized? Yes No
Derivative? Yes No

Naturalization? _____
Place Date Court

Explain Derivative Citizenship: _____

MARITAL STATUS

Single Divorced Widowed Separated _____
Date

Married _____
Give full name of spouse and include maiden name of wife, if applicable

Date of Marriage _____ Place of Marriage _____

RESIDENCES

Current Home Address _____
House Number Street Name

City State Zip Code

Telephone Numbers _____
(include area codes) Home Business

Cell Fax

List chronologically all your residences in the past 10 years:

Dates		Street Address	City	State
From	To			
-	-			
-	-			
-	-			
-	-			
-	-			

EMPLOYMENT

List chronologically all employment in the past 10 years. If unemployed for a period of time, include dates of unemployment.

Employer _____

Dates of employment _____ - _____
From To Salary \$ _____

Phone Number _____ Job Title _____
(include area code)

Reason for leaving _____

Major duties _____

Employer _____

Dates of employment _____ - _____
From To Salary \$ _____

Phone Number _____ Job Title _____
(include area code)

Reason for leaving _____

Major duties _____

Employer _____

Dates of employment _____ - _____
From To Salary \$ _____

Phone Number _____ Job Title _____
(include area code)

Reason for leaving _____

Major duties _____

EDUCATION

Have you graduated from high school or received a GED? Yes No

Name and Location of College, University, Technical Trade School, or other	Number of Credits Completed <i>(Specify semester, quarter, or credit hours)</i>	Field of Study	Degree or Certificate	Major/Minor

MILITARY RECORD

Have you ever served on active duty in the U. S. Armed Forces? Yes No

Branch of Military Service _____

Dates of Active Military Duty _____
From To

Date of Discharge _____

COURT

Have you ever been arrested or charged with a crime, other than a minor traffic offense? Include drunken driving offenses. List all such matters.

Have you ever been denied a secondhand dealers or pawnbroker’s license or had a license revoked by another community? If so, please state the date, location, and reason.

Have you ever filed bankruptcy? Yes No If yes, give date _____

REFERENCES

Give three references (not relatives) of those who have known you for at least five years.

Complete Name _____

Home Address _____

Business Address _____

Telephone Number(s) _____
(include area codes)

Number of years acquainted _____ Occupation _____

Complete Name _____

Home Address _____

Business Address _____

Telephone Number(s) _____
(include area codes)

Number of years acquainted _____ Occupation _____

Complete Name _____

Home Address _____

Business Address _____

Telephone Number(s) _____
(include area codes)

Number of years acquainted _____ Occupation _____

MISCELLANEOUS

Are you a licensed automobile operator? Yes No

Driver's License Number _____ State where issued: _____

Are you a registered voter? Yes No

If yes, in which county are you registered? _____

ASSETS

TYPE

IN EVEN DOLLARS

Cash on hand
Marketable securities/stock & bonds
Non-marketable securities
Homestead
Other real estate owned
Mortgages, contracts, and notes owned
Life insurance
Automobiles & other motor vehicles
Business interests
Other personal property
TOTAL ASSETS: \$

LIABILITIES

TYPE

IN EVEN DOLLARS

Notes payable to banks – secured	
Notes payable to banks – unsecured	
Amounts payable to others – secured	
Amounts payable to others – unsecured	
Mortgage on homestead	
Other real estate mortgages	
Unpaid income tax	
Other unpaid taxes and interest	
Accounts and bills payable monthly	
Other debts – itemize	
TOTAL LIABILITIES: \$	TOTAL ASSETS: \$ <i>(from chart above)</i>
TOTAL NET WORTH: \$ <i>(total assets minus total liabilities)</i>	

Do you have any contingent liabilities? Yes No

If yes, give details (include endorser, co-maker, guarantor, leases or contracts, legal claims, contested tax liens):

ANNUAL SOURCE OF INCOME

TYPE

IN EVEN DOLLARS

Salary
Bonus and commissions
Dividends
Real estate income
Miscellaneous investment income
Unemployment income
Workers compensation
Social security
Veteran's benefits
Pension
Other income – itemize
TOTAL ANNUAL INCOME: \$

ESTIMATE OF ANNUAL EXPENSES

TYPE

IN EVEN DOLLARS

Income taxes
Other taxes
Insurance premiums
Mortgage payments
Rent on business property
TOTAL ANNUAL EXPENSES: \$

In this secondhand goods and/or pawnbroker dealer's license investigation, the undersigned warrants that the above statements and information are furnished as a true and accurate statement of the financial condition of the undersigned.

Signature of applicant

Date of application

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

Notary Public