Checklist for Secondhand Goods Dealer License

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. If applicable, read Crystal City Code Section 1177 (attached) regarding pawnbrokers. If this applies to your business, a separate license application for pawnbrokers is required.

5. 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).

6. Pay the annual fees (place an "x" in the appropriate box):

   Investigation Fee:
   ☐ $500 if applicant has been a resident of Minnesota at least 10 years
   ☐ $1,000 if applicant has been a resident of Minnesota for less than 10 years

   Secondhand Goods Dealer Fee:
   ☐ $275 (pro-rated at $22.92/month) + $3,000 surety bond
   ☐ Multiple Sales Sites: $564 (pro-rated at $47/month) + $3,000 surety bond
   (a location where more than one secondhand goods dealer is engaged in business)

   Pawnbroker License Fee: (if applicable) – will require separate license application
   ☐ Initial License: $12,050 (pro-rated at $1,004.17/month) + $5,000 surety bond
   ☐ Renewal License: $6,000 (pro-rated at $500/month) + $5,000 surety bond

7. Submit Surety Bond (see amounts in #6 above)

8. The City Council must approve the license before it can be issued. Meetings are 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) (investigation fee: 0100-4605)	$ (including investigation fee)
Home Address:	Home Phone: ( )	
City/State/Zip:	Cell Phone: ( )	
Business Name:	Business Phone: ( )	
Doing Business As:	Fax Phone: ( )	
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 _____ 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. $3,000 Bond
2. 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.
3. 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*
*Fee:**One sales site** = $275; pro-rated at $22.92/month ***OR*** **Multiple sales sites** = $564; pro-rated at $47/month ***PLUS*** **Investigation Fee** = $500/if MN resident for 10+ years or $1,000/if MN resident less than 10 years

APPLICATION FOR LICENSE INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION
(Includes Tennessen 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

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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

☐ I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

☐ I have no employees.

☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. Sec. 176.041 for a list of excluded employees.) Explain why your employees are not covered:_____

☐ Other:_____.

ALL APPLICANTS COMPLETE THIS PORTION:

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE

NOTE: If your Workers' Compensation policy is canceled within the license or permit period, you must notify the City of Crystal by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

CITY of CRYSTAL

4141 Douglas Drive North • Crystal, Minnesota 55422-1696

Tel: (763) 531-1000 • Fax: (763) 531-1188 • www.crystalmn.gov

The following information is required per Crystal City Code Section 311.01, Subd. 3, which authorizes a Minnesota Computerized Criminal History background investigation for approval or denial of a city license or permit.

AUTHORIZATION AND RELEASE

The undersigned, having filed an application with the City of Crystal ("City") for a city license, does hereby authorize and request anyone having control of any documents or information pertaining to me to furnish copies of any such documents or information to representatives of the City, and to permit said representatives of the City to inspect and make copies of any such documents or information. I further authorize any such persons to answer any inquiries concerning the undersigned, which may be submitted to them by representatives of the City. I fully understand that the City may use this information in its evaluation of my city license application. I hereby release and exonerate any person who complies with this Authorization and Release from any and all liability pertaining to the furnishing or inspection of such documents or information.

Applicant's Signature:_____ Dated:_____, 20_____

PLEASE PRINT:

Applicant's Name:_____
First Middle Last Suffix

If known by previous name, provide:_____

Home Address:_____
City State Zip

Daytime Telephone Number: (_____)_____ Date of Birth:_____

Driver's License:_____
Number State Where Issued

Organization Associated With:_____

Type of City License Applied For:_____

I have lived in MN for _____ years. If less than 10 years, list previous addresses:

_____

_____

CITY of CRYSTAL

4141 Douglas Drive North • Crystal, Minnesota 55422-1696

Tel: (763) 531-1000 • Fax: (763) 531-1188 • www.crystalmn.gov

Certification of Financial Responsibility

This form must be completed and returned with a City license application.

To the best of my knowledge, based upon a review of the status of the property/business located in the City of Crystal at _____, I attest that the foregoing property/business is financially responsible as outlined in Crystal City Code 1005.29 (a), printed in full on the reverse of this form.

I hereby certify that I/we are current on the following financial obligations:

(Circle answers)

Yes	No	Property Taxes paid
Yes	No	Utility Bills paid
Yes	No	State Taxes paid
Yes	No	Federal Taxes paid
Yes	No	Other governmental obligations or claims concerning me or the business entity named on this license application

If "NO" is circled for any of the above, describe the payment plan or other agreement approved by the applicable governmental entity.

_____

_____

_____

_____

See entire Crystal City Code 1005.29 (a) on the reverse side of this form.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on:_____ (date)

_____ _____

Print Name Signature

Note: Filing a false statement with a government agency is a criminal offense.

Staff use only:
__UB __PrevUB __UB Cert __Tax __PrevTax
Verified compliance _____<date>
Staff initials: _____

The City of Crystal has adopted the following ordinance:

Crystal City Code 1005.29 Financial responsibility; applicability. (a) Prior to the issuance of a license the applicant must file with the city clerk satisfactory evidence of financial responsibility. "Satisfactory evidence of financial responsibility" shall be shown by a certification under oath that the property taxes, public utility bills, and all state and federal taxes or other governmental obligations or claims concerning the business entity applying for the license are current, and that no notice of delinquency or default has been issued, or if any of the financial obligations stated in this subsection are delinquent or in default, that any such delinquency or default is subject to a payment plan or other agreement approved by the applicable governmental entity. "Satisfactory evidence of financial responsibility" as required by this subsection shall in addition be shown by any individual applicant and all individual owners and/or shareholders of the business entity. Operation of a business licensed under this section without having on-going evidence on file with the City of the financial responsibility required by this subsection is grounds for revocation or suspension of the license.

What does this mean for a City-issued business license?

Prior to issuance of a City-issued business license or renewal license, license holders are required to certify that the property taxes, utility bill, and all state and federal taxes for the property or the business entity applying are current. Also, the applicant must certify that no notice of delinquency or default has been issued or is subject to a payment plan.

What will happen if a license holder is not financially responsible?

A hearing is granted before the City Council. The Council may deny, suspend or revoke the City-issued business license. Upon providing satisfactory evidence of financial responsibility, the business owner may re-apply for the license.

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: From/To Street Address City State

_____

_____

_____

_____

EMPLOYMENT

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

Employer _____

Dates of employment _____ Salary $ _____
From To

Phone Number _____ Job Title _____

Reason for leaving _____

Major duties _____

Employer _____

Dates of employment _____ Salary $ _____
From To

Phone Number _____ Job Title _____

Reason for leaving _____

Major duties _____

Employer _____

Dates of employment _____ Salary $ _____
From To

Phone Number _____ Job Title _____

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 (*Specify semester, quarter, or credit hours)*	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 at least five years.

Complete Name _____

Home address _____

Business address _____

Telephone Number(s) _____

Number of years acquainted _____ Occupation _____

Complete Name _____

Home address _____

Business address _____

Telephone Number(s) _____

Number of years acquainted _____ Occupation _____

Complete Name _____

Home address _____

Business address _____

Telephone Number(s) _____

Number of years acquainted _____ Occupation _____

MISCELLANEOUS

Are you a licensed automobile operator? ☐ Yes ☐ No

Driver's License Number _____

Are you a registered voter? ☐ Yes ☐ No

If yes, which county are you registered in?_____

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: $** ***(from chart above)***
TOTAL NET WORTH: $ ***(total assets minus total liabilities)***	

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.

_____ _____

Date of application Signature of applicant

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

_____

Notary Public