



HUTCHINSON

A CITY ON PURPOSE.

111 Hassan Street Southeast

Hutchinson, MN 55350

(320) 587-5151/Fax: (320) 234-4240

License Fee: **\$135.00**

Operating Year: _____

City of Hutchinson
Application for Pawn Broker or Precious Metal Dealer License
(Under Ordinances No. 120)

Applicant Information				
Applicant's True Name		Phone Number		
Place of Birth (City, State)		Date of Birth		
Are you the owner and operator of the business? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If "NO", who is: _____				
Have you ever used or been known by another name other than your true name? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If "YES", list name(s), place(s), and date(s) used: _____				
Are you <input type="checkbox"/> Married <input type="checkbox"/> Single? If "Married", complete the following?				
Spouse's True Name		Place of Birth (City, State)	Date of Birth	
Has your spouse ever used or been known by another name other than true name? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If "YES", list name(s), place(s), and date(s) used: _____				

Applicant Address Information				
Current Address:				
Address		City	State	Zip
List Addresses for Last Ten (10) Years:				
Year(s)	Address	City	State	Zip
Year(s)	Address	City	State	Zip
Year(s)	Address	City	State	Zip
*If necessary, use separate sheet for additional				

Spouse's Address Information				
Current Address:				
Address		City	State	Zip
List Addresses for Last Ten (10) Years:				
Year(s)	Address	City	State	Zip
Year(s)	Address	City	State	Zip
Year(s)	Address	City	State	Zip
*If necessary, use separate sheet for additional				

Applicant's Employers/Partners Information (list all employer(s)/partner(s) for past ten (10) years)			
_____ <i>Employer/Partner Name</i>	_____ <i>Relationship to Business</i>		_____ <i>Years</i>
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
_____ <i>Employer/Partner Name</i>	_____ <i>Relationship to Business</i>		_____ <i>Years</i>
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
_____ <i>Employer/Partner Name</i>	_____ <i>Relationship to Business</i>		_____ <i>Years</i>
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
<i>*If necessary, use separate sheet for additional</i>			

Spouse's Employers/Partners Information (list all employer(s)/partner(s) for past ten (10) years)			
_____ <i>Employer/Partner Name</i>	_____ <i>Relationship to Business</i>		_____ <i>Years</i>
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
_____ <i>Employer/Partner Name</i>	_____ <i>Relationship to Business</i>		_____ <i>Years</i>
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
_____ <i>Employer/Partner Name</i>	_____ <i>Relationship to Business</i>		_____ <i>Years</i>
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
<i>*If necessary, use separate sheet for additional</i>			

Spouse Business/Occupation Information (list all business(es)/occupation(s) for past ten (10) years)			
_____ <i>Business Name</i>	_____ <i>Relationship to Business</i>		_____ <i>Years</i>
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
_____ <i>Business Name</i>	_____ <i>Relationship to Business</i>		_____ <i>Years</i>
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
_____ <i>Business Name</i>	_____ <i>Relationship to Business</i>		_____ <i>Years</i>
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
<i>*If necessary, use separate sheet for additional</i>			

Applicant's Background Information

Have you or your spouse been convicted of a violation of any state law or local ordinance, other than a non-alcohol related traffic offense?

☐ YES ☐ NO

If yes, furnish information as to the time, place, and offense for which convictions were had:

Have you or your spouse ever been engaged as an employee or in operating a pawnshop or precious metal dealership or other business of a similar nature?

☐ YES ☐ NO

If yes, furnish information as to the time, place, and length of time:

Have you or your spouse ever been in the military service?

☐ YES ☐ NO

If yes, upon request the applicant will need to furnish all discharges documents.

Do you currently hold a pawnbroker or precious metal dealer license from any other governmental unit and are you licensed under Minnesota Statutes, Section 471.924 or 325F.731 to 325.744?

☐ YES ☐ NO

Have you ever been denied a pawnbroker or precious metal dealer license from any other governmental unit?

☐ YES ☐ NO

If yes, furnish information as to the time, place, and why license was denied:

Partnership Information

Is this business a partnership?

☐ YES ☐ NO

If yes, please complete all the applicant information requested above for each partner. A managing partner, or partners, shall be designated. The interest of each partner, or partners, in the business shall be submitted with the application and, if the partnership is required to file a certificate as to trade name under the provisions of Minnesota Statute, Chapter 333, a copy of the certificate certified by the District Court Administrator shall be attached to the application.

Business Information

Business Name

Phone Number

Address

City

State

Zip

Include with the application a legal description of the premises, including a map of the area for which the license is sought, showing dimensions, locations of building, street access, and parking facilities.

Are real estate and personal property taxes that are due and payable for the premises to be licensed have been paid? ☐ YES ☐ NO

If not paid, the years and amounts that are unpaid:

Corporate/Organization Information (if applicable)

Corporate Name *Phone Number*

Address *City* *State* *Zip*

State of Incorporation *CEO*

The manager, proprietor, or other agent in charge of premises must complete all applicant information requested above.

Attach a list of all person(s) who, single or together with their spouse, own or control an interest in said corporation or association in excess of five (5) percent or who are officers of said corporation or association, along with all the information required of the applicant. Submit a true copy of the certificate of incorporation, articles of incorporation or association agreements.

Emergency Contact (list responsible person(s), including the names of owner(s), manager(s), and assistant manager(s), who may be notified or contacted by City Employees in case of an emergency:

Name *Title* *Home Phone*

Home Address *City* *State* *Zip*

Name *Title* *Home Phone*

Home Address *City* *State* *Zip*

Name *Title* *Home Phone*

Home Address *City* *State* *Zip*

**If necessary, use separate sheet for additional*

Bond Information (see ordinance 6.42 subd. 9 for details)

 Name of bonding company

 Address of bonding company *City* *State* *Zip*

Checklist

The following items need to be completed and/or attached in order for the application to be processed:

Application completed in full and signed: ☐ yes ☐ no

Application/Investigation fee paid in full (check or money order): ☐ yes ☐ no

Legal description of business attached (as requested under business information): ☐ yes ☐ no

\$5,000 bond filed with the City Administrator by duly licensed surety company: ☐ yes ☐ no

True copy of the certificate of incorporation, articles of incorporation or association agreements (as requested under corporate information): ☐ yes ☐ no

I hereby certify that I have completely filled out the entire application and that the application is true, correct, and accurate. I fully understand that it is illegal to make a false statement or material omission in a license application or investigation. Any false statement or material omission shall be grounds for denial, suspension, or revocation of a license.

I also understand that I have the continuing duty to properly notify the City Administrator of any change in the information or facts required to be furnished on the application for a license. This duty shall continue throughout the period of the license. Failure to comply with this shall constitute cause for revocation or suspension of the license.

I further understand that the City Council may either suspend for up to 60 days or revoke any license or impose a civil fine not to exceed \$2,000 for each violation upon a finding that the licensee or an agent or employee of the licensee has failed to comply with applicable statute, regulation, or ordinance. Any conviction by the licensee for theft, burglary, robbery, receiving stolen property or any other crime or violation involving stolen property shall result in the immediate suspension pending a hearing on revocation of any license issued hereunder.

I have fully read and understand the Pawn Broker and Precious Metal Dealer Licenses Ordinance 6.42.

 Signature of Applicant

 Date

NOTE: No application will be forwarded to the City Council unless received two weeks prior to the regular Council meeting, filled out in completion, and fee payment is attached.

Internal Use Only

Building ☐ approved ☐ denied Signature: _____

Fire ☐ approved ☐ denied Signature: _____

Police ☐ approved ☐ denied Signature: _____

City Council ☐ approved ☐ denied Signature: _____

Release of Information Form

As an applicant for a permit from the City of Hutchinson, Minnesota, I am required to furnish information, which that agency may use in determining my moral, physical, mental, and financial qualifications. In this connection, I hereby expressly authorize release of any and all information, which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the agency with which I am seeking an application for a permit, and any organization, company, or person furnishing information to that agency as expressly authorized above, from any liability for damage, which may result from furnishing the information requested.

Applicant's Information <i>(Please Print)</i>			
Name:	<div><div></div><div></div><div></div></div> <div><i>First Name</i><i>Middle Name</i><i>Last Name</i></div>		
Address:	<div></div> <div></div> <div></div> <div></div>		
	<i>City</i>	<i>County</i>	<i>State</i> <i>Zip</i>
Date of Birth:	<div></div> <div><i>Month</i></div>	<div></div> <div><i>Day</i></div>	<div></div> <div><i>Year</i></div>
Place of Birth:	<div></div> <div><i>City</i></div>	<div></div> <div><i>State</i></div>	
Social Security Number:	<div></div>		
Driver's License Number:	<div></div>		

<div></div> <div>Applicant's Signature</div>	<div></div> <div>Date</div>
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*Please allow two weeks lead time for an investigation (this **does not** include time allowed for scheduling a public hearing if necessary, a publication notice and a City Council meeting).

PAWN BROKER OR PRECIOUS METAL DEALER ESTABLISHMENT

Ordinance 120.17 subsection G requires that the manager of the establishment be a resident of the county. Please complete and sign the following confirming the above.

Establishment Information			
_____		_____	
Establishment Name		Phone Number	
_____		_____	_____
Establishment Address		City	State Zip

Owner/Corporate Information			
_____		_____	
Owner/Corporate Name		Phone Number	
_____		_____	_____
Owner/Corporate Address		City	State Zip

Manager Information			
_____		_____	
Manager Name		Phone Number	
_____		_____	_____
Manager Address		City	State Zip

I declare that the information I have provided on this application is truthful, and I authorize the City of Hutchinson to investigate the information submitted.

Signature of owner or authorized officer of establishment

Date