

**APPLICATION - PAWNBROKERS LICENSE
CITY OF VIRGINIA
LICENSE YEAR ENDING DECEMBER 31, _____**

APPLICANT INFORMATION:

BUSINESS INFORMATION:

First Middle (No Initials) Last

Business Name

Applicant Address

Business Address

City, State, Zip Date of Birth

City, State, Zip Business Phone No.

Applicant Phone Number

Federal Tax ID No. State Tax ID No.

US Citizen: _____ Yes _____ No

List other names applicant is known by: _____

List previous addresses for applicant for preceding five years: _____

List every business or occupation applicant has been engaged during preceding five years. Include name(s) and address(es) of applicant's employer(s) and partner(s): (List on separate sheet if necessary)

Has applicant been convicted of felony, crime or violation of ordinance, other than a traffic ordinance. If so, please list offense and place: _____

Physical description of the applicant: _____

If applicant does not manage the business, please list name of manager(s) and all the same information listed above as required for applicant (use separate sheet).

If applicant holds a current pawnbroker, precious metal dealer or secondhand goods dealer license from other governmental unit, please list: _____

Has applicant previously been denied, or had revoked or suspended, a pawnbroker, precious metal dealer or secondhand goods dealer license from any other governmental unit? _____

Does applicant own the business premises? _____ No If no, please provide copy of executed lease.

If real estate and personal property taxes for the premises to be licensed are due and not paid, please list unpaid amounts: _____

If premises is under construction or undergoing substantial alterations, the City must be provided with a set of plans showing the design of the proposed premises to be licensed.

PARTNERSHIP:

If applicant is a partnership, list names and addresses of all general and limited partners and all information, as required for applicant and interest of each partner. Also, submit copy of partnership agreement.

First Middle (No Initials) Last

First Middle (No Initials) Last

Address

Address

City, State, Zip Date of Birth

Phone Number

Phone Number

US Citizen: _____ Yes _____ No

List other names applicant is known by: _____

List previous addressed for applicant for preceding five years: _____

List every business or occupation applicant has been engaged during preceding five years. Include name(s) and address(s) of applicant's employer(s) and partner(s): (List on separate sheet if necessary)

Has applicant been convicted of felony, crime or violation of ordinance, other than a traffic ordinance. If so, please list offense and place: _____

Physical description of the applicant: _____

If applicant does not manage the business, please list name of manager(s) and all the same information listed above as required for applicant (use separate sheet).

CORPORATION:

If applicant is a corporation, name of corporation and state of incorporation: _____

*Attach copy of Certificate of Incorporation.

First Middle (No Initials) Last

First Middle (No Initials) Last

Address

Address

City, State, Zip Date of Birth

Phone Number Percent stock

Phone Number Percent stock

US Citizen: _____ Yes _____ No

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List every business or occupation applicant has been engaged during preceding five years. Include name(s) and address(s) of applicant's employer(s) and partner(s): (List on separate sheet if necessary)

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Physical description of the applicant: _____

If applicant does not manage the business, please list name of manager(s) and all the same information listed above as required for applicant (use separate sheet).

BOND REQUIRED: \$1,000.00

The data you furnish on the application will be used by the City of Virginia to assess your qualifications for licensure. Disclosure of the information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Virginia may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information is pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury, under the laws of the State of Minnesota, that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension, or revocation of my business license.

SIGNATURE OF APPLICANT

DATE