

**APPLICATION - SECONDHAND GOOD DEALERS LICENSE
CITY OF VIRGINIA**

FEE: \$25.00/YEAR

LICENSE YEAR ENDING DECEMBER 31, ____

NAME OF APPLICANT: _____ **BUSINESS NAME:** _____

BUSINESS ADDRESS: _____ **TELEPHONE:** _____

FEDERAL TAX ID NO.: _____ **MINNESOTA TAX ID NO.:** _____

OWNER(S): _____
 First Middle Last

SOCIAL SECURITY NO.: _____

ADDRESS: _____

TELEPHONE: _____

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: _____ **Date:** _____