

License Number _____
Fee \$50.00

Expiration Date _____

County of Pine

Pine County Auditor Suite #240
635 Northridge Drive NW
Pine City, MN 55063

APPLICATION FOR PRECIOUS METAL DEALER LICENSE

I _____ as _____
First Middle Last Name (owner, partner or officer)
For and in behalf of _____
(if individual, give full name; if a partnership, give name of all parties; if corporation, give true corporation name)

hereby make application pursuant to the provisions of MN Statutes, Chapter 325F, for a license to engage in or transact business as a Precious Metal Dealer in Pine County.

Applicant's Resident Address _____

Applicant's Phone _____ Date of Birth _____

Business Name _____

Principal Business Address _____

Name of Owner of Principal Business _____

Resident Address of Owner _____

Name of Mgr/Proprietor of Business _____

Resident Address of Mgr/Prop _____

OTHER BUSINESS LOCATIONS WITHIN PINE COUNTY (each branch office shall be operated under the same name as the Principal Office).

1. Branch Office Address _____

Name of Owner of Business _____
(if different from Principal Business)

Resident Address of Owner _____

Phone _____ Date of Birth _____

Attach sheet listing any additional Branch Offices.

If applicant is a partnership or corporation, list name, position/title, date of birth and phone number of all individuals:

<u>NAME</u>	<u>POSITION</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>DATE of BIRTH</u>

I swear or affirm under oath, under penalties of perjury, that all statements made in the above application are true and correct.

_____ DATE _____ PRINTED NAME _____
 _____ SIGNATURE _____

Subscribed and Sworn before me
This _____ day of _____, 20__

By _____
_____ County

My commission expires _____ (SEAL)