

SECOND HAND GOODS - NEW

_____ Completed Forms:

- 1) Second Hand Goods License Application – signed and notarized
- 2) Tax Clearance information form (Make sure MN ID, FEIN ID, or SSN are on the document)
- 3) Proof of Workers Comp coverage form
- 4) Authorization and Release form and NOTARIZED

_____ \$1000 Bond

_____ \$500 per year License Fee if Class “A” or \$300 per year License Fee is Class “B”

- May not transfer license

CITY OF BRAINERD

SECOND HAND GOODS DEALER LICENSE APPLICATION

****Used for any "purchasing" type party that is "buying" antiques, jewelry, etc.***

Full Legal Name of Applicant _____

Previous Last Names _____

Name of Corporation or Association _____

Address of Corporation or Association _____

Home Telephone Number _____ Business Telephone Number _____

Social Security Number _____ Date of Birth _____

Federal Tax Number _____ State Tax Number _____

The following items must be completed and/or accompany the completed application form. Whoever shall knowingly falsify the answers to the following questions shall be deemed guilty of perjury and shall be punished accordingly. In answering the following questions, one of the officers of a corporation or partner of a partnership shall complete the application for all corporate officers, directors and stockholders, or all members of the partnership.

Name under which applicant will be doing business _____

Type of Applicant Individual Corporation Partnership

Complete the following requested information for each individual, partner or officer of corporation (use additional sheets as necessary):

Full Legal Name _____

Previous Last Names _____

Date of Birth _____ Driver's License Number _____

Home Address _____

Home Telephone Number _____ Business Telephone Number _____

Business Address _____

Applicant's address for the last five years _____

Type of second hand goods to be sold - please list the types of second hand goods, wares or merchandise that will be sold from your place of business (use additional sheets if needed)

Have you ever been convicted of any felony, gross misdemeanor, misdemeanor or violation of any ordinance other than traffic? Yes No If Yes give time, place, offense and penalty

Occupations and locations for the past five years: _____

Does the applicant or any of the associates hold a current pawnbrokers or second hand goods dealer license from any other governmental unit or licensed under MN Statute 471.924?

Yes No, If yes, give nature of involvement _____

Has applicant previously been denied a pawnbroker or second hand goods dealer license from any other governmental unit or had a license revoked or canceled? Yes No

List names, residence address and business address of 3 references who are of good moral character and who are not related to the applicant or not holding any ownership in the premises, who may attest to the character of the applicant of manager:

Date of incorporation _____ State in which incorporated _____

If subsidiary of any other corporation, state parent company _____

If incorporated under the laws of another State, is corporation authorized to do business in Minnesota? Yes, No If Yes Certificate Number _____

If applicant is a corporation, attach certified copy of articles of incorporation and by-laws.

Full legal name, date of birth and address of manager(s) or proprietor(s) of the business if different than the applicant:

Name _____ Date of Birth _____

Address _____

Name, address and business of owner of premises if different than applicant:

Are any taxes, special assessments, utility charges or any other monies delinquent or owed to the City or any other governmental agency of the State by the applicant or organization on behalf of which application is being made? Yes No

*License Fee - \$500 per year plus \$50 investigation fee (new)

*Bond - \$1,000 (made payable to the City of Brainerd for the license year)

*Certificate of Insurance showing proof of worker's compensation coverage (MN Statute 176.182)

I hereby certify that the information provided herein is true and correct to the best of my knowledge and belief and that the City Council of the City of Brainerd may rely on the accuracy of such information provided in determining whether or not a license should be issued.

Applicant Signature _____ Date _____

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

_____ (seal)
Notary Public Signature

City Planner Signature _____ Date _____

Fire Chief Signature _____ Date _____

Police Chief Signature _____ Date _____

Council Approval _____ License Number _____ Receipt Number _____

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. § 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 cancelled within the license or permit period, you must notify the agency who issued the license or permit 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 BRAINERD

FORM SP:C1 - TAX CLEARANCE INFORMATION

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses. The licensing authority is require to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest:
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Services :
3. Failure to supply this information may jeopardize or delay the processing of your licensing insurance or renewal application.

Please supply the following information and return along with your application to the agency issuing this license. Do not return to the Department of Revenue.

LICENSE BEING APPLIED FOR OR RENEWED:

LICENSING AUTHORITY: City of Brainerd

LICENSE RENEWAL DATE:

PERSONAL INFORMATION (if applicable):

Applicant's Name _____

Applicant's Address _____

City State Zip Code

Social Security Number _____

BUSINESS INFORMATION (If applicable):

Business Name _____

Business Address _____

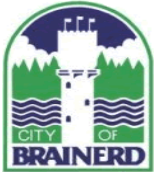
City State Zip Code

Minnesota Tax Identification Number _____

Federal Tax Identification Number _____

If Minnesota Tax Identification number is not required, please explain on the reverse side.

Signature Position(Officer, Partner, Individual, Etc.)



CITY OF BRAINERD

AUTHORIZATION & RELEASE

The undersigned, having filed an application with the City of Brainerd realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application, does hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City or any of its representatives and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records and other information.

Please complete the following information:

Full Name (please print): _____
First Middle Last

Date of Birth: _____

Please list **all** other names you are or have been known by, to include maiden name, previous married names, alias names, and nicknames: _____

Address: _____
Street Address City State Zip

Previous Address: _____
Street Address City State Zip

SIGNATURE OF APPLICANT

DATE

State of _____

County of _____

On _____, _____ personally appeared before me to be the signer of
Date Full Legal Name of Applicant

this document.

Signature of Notary Public

My Commission Expires

(SEAL)