



Goodhue County
Finance & Taxpayer Services
509 West 5th Street
Red Wing, MN 55066

Phone: (651) 385-3032
Hours: 8:00am – 4:30 pm M-F
www.co.goodhue.mn.us

Application for Precious Metal License

Pursuant to Minnesota Statutes 325F.733

I, _____ (First, Middle, Last)
as _____ (owner, partner or officer)
for and behalf of _____

(list one of the following: if individual, give full name; if partnership, give name of all partners; if corporation, give true corporation name) hereby make application pursuant to the provisions of Minnesota Statutes Chapter 325F, for a license to engage in or transact business as a Precious Metal Dealer in Goodhue County.

Business Name: _____

Principal Business Address: _____

City: _____ State: _____ Zip: _____

Name of Manager of Principal Business: _____

Location within the licensing county where purchased secondhand precious metals will be held for the required 14 days: _____

Branch Office Information:

- Each Branch shall be operated under the same name as the principal office
- List all branch locations within Goodhue County

Branch Office Address: _____

Name of Manager of Branch Office: _____

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

Date: _____ Signature: _____

Subscribe and sworn to before me this ____ day of _____, _____.

Signature of Notary Public or Other Official _____

Office use only
License #25- _____
Expiration Date: _____
Fee Collected \$50.00

NOTARY SEAL

Updated 12/19/2013

LICENSE # _____

APPLICATION FOR PRECIOUS METAL LICENSE

Confidential Information

If Applicant is an individual, please complete the following:

Resident Address: _____

City State and Zip: _____

Date of Birth: _____

Resident Phone Number: _____

If Applicant is a partnership or corporation, please complete the following for each officer or general partner (attach additional sheets if necessary)

Name: _____

Position: _____

Date of Birth: _____

Resident Address: _____

Name: _____

Position: _____

Date of Birth: _____

Resident Address: _____

Name: _____

Position: _____

Date of Birth: _____

Resident Address: _____

If Applicant has a separate Manager and/or Branch Office Manager, please complete the following:

Resident Address of Manager: _____

Resident Phone: _____

Date of Birth: _____

Resident Address of Manager: _____

Resident Phone: _____

Date of Birth: _____

Pursuant to Minnesota Statutes 270C.72, the agency issuing you this license is required 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 must advise you that:

This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue Delinquent taxes, penalties or interest:
and

The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue service; and

Failure to supply this information may jeopardize or delay the issuance of you licensing or processing your renewal application.

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

Licensing Authority: Goodhue County

License Information

Name of license being applied for: _____
License renewal date: _____

Personal Information

Applicant's Name (Last, first, middle initial): _____
Applicant's Address (city, state, zip): _____
Social Security Number: _____

Business Information

Business Name: _____
Business Address (city, state, zip): _____
Minnesota Tax Identification Number: _____

I do not conduct any business as a business entity and therefore do not have a Minnesota business identification number.

Additional explanation, if necessary: _____

Signature: _____ Date: _____

**- CERTIFICATION OF COMPLIANCE -
MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____

(or)

I am not required to have workers' compensation liability coverage because:

- I have no employees
- I am self insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law
(these include: Spouse, Parents, Children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: _____

Doing Business As: _____
Business name if different than your name

Business Address: _____

City, State, Zip: _____

Telephone: _____
Including area code

Signature: _____

Date: _____