



LICENSE NUMBER _____

EXPIRATION DATE _____

ANOKA COUNTY APPLICATION FOR PRECIOUS METAL DEALER LICENSE

I _____ (First, Middle, Last Name) as _____ (Owner, Partner or Officer)
for and in behalf of _____ (if individual, give full name; if partnership give
name of all partners; if a 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 Anoka County.

Applicant's Resident Address: _____

Applicant's Date of Birth: _____

Business Name: _____

Principal Business Address: _____

Name of Owner of Principal Business: _____

Date of Birth: _____

Resident Address of Owner: _____

Name of Manager/Proprietor of Principal Business: _____

Date of Birth: _____

Resident Address of Manager/Proprietor: _____

OTHER BUSINESS LOCATIONS WITHIN ANOKA 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)

Date of Birth _____

Resident Address of Owner _____

Name of Manager/Proprietor of Business _____

Date of Birth _____

Resident Address of Manager/Proprietor _____

If applicant is a partnership or corporation, list name, positions/title, date of birth and phone number of all individuals:
NAME POSITION RESIDENT ADDRESS PHONE DATE OF BIRTH

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

Date

Signature

Subscribed and sworn to before me this ____ day of _____, 20__.

Signature of Notary Public

(seal)