

CITY OF SHAKOPEE
129 Holmes Street South
Shakopee, MN 55379
952-233-9300

PAWNBROKER/PRECIOUS METAL/SECONDHAND DEALER EMPLOYEE LICENSE APPLICATION

This form must be completed by any individual desiring to obtain a Pawnbroker or Pawnbroker's Employee license within the City of Shakopee. Please type or print.

Name of applicant _____
First Middle Maiden Last

Address _____ () _____
Street City State Zip Phone Number

Length of time at this address _____

Place of Birth _____ Date of Birth _____
City, State Month, Day, Year

Are you a U.S. Citizen _____ If not, what is your Employment Authorization Permit (Green Card No.) _____

Driver's License Number _____ State _____

Name of business where applicant will work _____

Address of business where applicant will work _____

Are you licensed in any other community? Yes _____ No _____ Where? _____

Are you licensed under Minnesota Statutes Section 471.924 (county second hand goods and junk dealer) or Minnesota Statutes Section 325F.731 – 325F.744 (precious metal dealer)? _____

Do you hold a current pawnbroker, precious metal dealer, or second hands goods dealer license from any other governmental unit? _____

Where? _____

Do you hold a City of Shakopee Liquor license? _____

Will there be any gambling equipment on the premises where the business will be conducted? _____

Have you been denied a license (for which you are applying) by any licensing authority? Yes _____ No _____

Where? _____

Have you ever been known by a name other than the true name given above? Yes _____ No _____

If so, list name(s) and information concerning dates and places used _____

Address at which you have lived during the preceding ten years. (Begin with present address and work back). Attach additional sheets if necessary.

<u>ADDRESS</u>	<u>CITY AND STATE</u>	<u>DATES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names, addresses and phone numbers of your employers for the preceding five years. (Begin with present and work back). Attach additional sheets if necessary.

<u>EMPLOYER</u>	<u>STREET ADDRESS</u>	<u>CITY AND STATE</u>	<u>PHONE NO.</u>	<u>DATES</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been convicted of a crime? Yes _____ No _____

If yes, give information as to the date, place and nature of offense _____

Are you currently under investigation for any crime? Yes _____ No _____

If yes, give information as to the date, place and nature of offense for such investigation _____

Are there any delinquent taxes or assessments owed on the premises where the business will be conducted? _____

List the names, residence, business address, and phone numbers of individuals of good moral character, not related to you or financially interested in the premises or business, who may be referred to as to your character. List at least four.

Name _____ Residence Address _____

Business Address _____ Phone Number (_____) _____

Name _____ Residence Address _____

Business Address _____ Phone Number (_____) _____

Name _____ Residence Address _____

Business Address _____ Phone Number (_____) _____

Name _____ Residence Address _____

Business Address _____ Phone Number (_____) _____

DATA PRIVACY NOTICE:

The data you supply on this form will be used to assess your qualifications for the license. You are not legally required to provide this data, but the City will not be able to grant the license without it. The data requested is considered to be public data pursuant to the Minnesota Government Data Practices Act. The data you supply will constitute a public record, and copies may be obtained by anyone

I have read the Data Privacy Notice above and understand that the data is necessary to process the application.

I declare that the information I have provided on the application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Shakopee to investigate and make whatever inquiries that are necessary to verify the information provided.

Applicant Signature

Date

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

Notary Signature

Notary Stamp or Seal

\$100.00 Investigation Fee due with application

**Pursuant to Minn. Stat. 13.05, Subd. 4
Minnesota Data Practices Act**

I, _____, birth date _____, hereby authorize and grant my informed consent to allow the City of Shakopee Police Department to conduct a criminal history check in conjunction with my Pawnbroker/Precious Metal/Secondhand Dealer Employee license application. Minnesota Statutes Section 299C.72 authorizes the City to conduct criminal history checks in these situations, provided to City receives the informed consent of the individual.

I understand that the Shakopee Police Department will be conducting a criminal history check on me, and that this information (data), in addition to the information in my application, will be considered by the City in determining whether or not to grant approval of my license application. A criminal history check is authorized to be performed by the City relating to this type of license application by Section 6.46, subdivision 5 (B) of the City Code.

I understand the criminal history data consists of private data on individuals, as defined by Minnesota Statutes Section 13.02, subdivision 12 and Minnesota Statutes Section 13.87. The City of Shakopee Police Department will not disseminate my criminal history data and will maintain it securely within the department. However, the City of Shakopee Police Department will inform the appropriate City personnel involved in the processing of the license application whether I have a criminal history that would prevent issuance of the license.

I understand that the purpose of permitting the City of Shakopee to have access to this information is to determine my suitability to engage in a Pawnbroker business and that I am not legally required to provide this information, however the City will not license persons who refuse to submit to this investigation.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City.

Signature

Date

CITY OF SHAKOPEE
PAWNBROKER/PRECIOUS METAL/SECONDHAND DEALER EMPLOYEE LICENSE

Attached is an application for a Pawnbroker/Precious Metal/Secondhand Dealer Employee License. Fill out the application completely and return it with the \$100.00 investigation fee.

Falsification of answers may result in denial of the application.

Allow 10 days for the application to be processed.

If you have any questions, please call 952-233-9318.