

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 _____

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 access your qualifications for the license. You are not legally required to provide this data, but we will not be able to grant the license without it. The data requested is not private data under the data privacy law. 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

Investigation Fee due with application

**General Authorization and Release
Pursuant to Minn. Stat. 13.05, Subd. 4
Minnesota Data Practices Act**

I, _____, birth date _____, hereby authorize and grant my informed consent to permit you, Shakopee Police Department, to release to and make available to the City of Shakopee and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession.

I understand that the Shakopee Police Department will be conducting a background investigation on me, and that this information (data), in addition to the information in my application, will be considered in determining whether or not to grant approval of my application.

I understand that my records are protected under Federal and State privacy regulations and cannot be disclosed without my written consent unless otherwise provided for by law.

I understand the data, which I authorize to be released consists of private data, as defined by Minn. Stat. 13.02, Subd. 12, and has been collected by you as a result of my contracts and associations with the Shakopee Police Department or other law enforcement agencies, including but not limited to criminal history data. The information for which release is authorized includes all data, which has been collected, created, received, or retained by you in connection with the background investigation you performed in connection with my application.

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 the following enterprise: pawnbroker, precious metal dealer, secondhand dealer

I further understand that this information may subsequently be utilized for other purposes relating to my possible authority to engage in the above-stated enterprise in the City, including verification of my records and analysis by consultants to the City who may review my suitability for the above stated enterprise.

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 or to you of that fact.

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 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 put in their company 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 and/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: _____
(Last, First, Middle)

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

Business Address: _____

City, State, Zip: _____ Phone: _____

Signature: _____ Date: _____

Form SP: C1 License Applicant

Pursuant to Minnesota Statute MS 270C.72 Tax Clearance : Issuance of licenses, the licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and Social Security number of each applicant. Under Minnesota Government Data Practices Act and 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 MN Dept. of Revenue delinquent taxes, penalties or interest.
- 2 Upon receiving this information, the licensing authority will supply it only to the MN Dept. of Revenue. However, the Federal Exchange of Information Agreement, the Dept. of Revenue may supply this information to the I.R.S.
- 3 Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with you application to the agency issuing the license.

License applied for or renewed: _____

Licensing Authority: (Example: City. County, State)_____

License Renewal date: _____

Personal Information (If applicable)

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____

Business Information (If applicable)

Business Name: _____

Business Address: _____

Minnesota tax Identification Number: _____

Federal Tax Identification Number: _____

(If a MN Tax I.D. is not required, please explain on the reverse side of this form)

Signature _____ **Date** _____

CITY OF SHAKOPEE
PAWNBROKER/PRECIOUS METAL DEALER/
SECONDHAND DEALER

Attached is an application for a license for a Pawnbroker, Precious Metal Dealer or Secondhand Dealer. Fill out the application completely and return it with the appropriate investigation fee.

Falsification of answers may result in denial of the application.

Business License: \$2,500.00/year

Initial investigation fee: \$345.00

Billable transaction fee: \$1.50/transaction

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