

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)