Form: 2433 (confidential)

APPLICATION FOR PRECIOUS METAL DEALER LICENSE (new and renewal)

Fee: $50.00; $5.00 for each additional copy of license for additional sites

office use only:

License #_____

RC#_____

115003 510100

I, _____

First Middle Last Name Date of Birth Social Security #

as _____ for and in behalf of _____

(owner, partner or officer) (Individual, private business, partnership or corporation name)

hereby make(s) 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 St. Louis County.

Applicant's Resident Address_____

Phone

Business Name _____

Principal Business Address _____

Phone

Name of Owner of Principal Business _____

Date of Birth Social Security #

Resident Address of Owner_____

Phone

Name of Manager/Proprietor of Principal Business _____

Date of Birth

Resident Address of Manager/Proprietor_____

Phone

Other business locations within St. Louis County: Each branch office shall be operated under the same name as the principal office; use additional sheets if necessary.

Branch Office Address _____

Name of Owner of Business _____

(If different from Principal Business) Date of Birth

Resident Address of Owner_____

Phone

Name of Manager/Proprietor of Business _____

Date of Birth

Resident Address of Manager/Proprietor_____

Phone

Minnesota Tax Identification No. _____

Federal Tax Identification No. _____

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If applicant is a partnership or corporation, the following information is required for all partners/officers:

Name	Position	Resident Address	Date of Birth	Social Security #	Phone

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

Signature Date

Subscribed and sworn to before me this

_____ day of _____, 20___

Notary Stamp or Seal

_____
Signature of Notary or other official