

# CITY OF FARMINGTON LICENSE PROCESS

## Pawnbrokers and Precious Metal Dealers

Following is the process to obtain a license for Pawnbrokers or Precious Metal Dealers. All licenses expire December 31 of each year.

1. Submit application and all appropriate forms and fees.
2. All applications shall be referred to the Police Department for verification and investigation of the facts set forth in the application. Within 60 days after receipt of a complete application, the Police Department shall make a written report and recommendation to the City Council as to issuance or non-issuance of the license. The City Council may order and conduct such additional investigation as it deems necessary. If additional investigation is necessary, the Applicant shall pay the City the cost of the additional investigation. The license shall not be issued until any additional investigation costs are paid.
3. A public hearing will be held within 30 days following receipt of the Police Department's report and recommendation.
4. Notice of public hearing shall be published at least 10 days prior to the hearing.
5. Property owners within 500 feet of the boundaries of the business property shall be notified by mail 10 days prior to the hearing.
6. The City Council may grant or deny the application within 30 days after the close of the hearing.
7. If the building is under construction, a license will not be delivered until a certificate of occupancy has been issued for the licensed premises.
8. Fees: Investigation Fee \$1,000  
Annual License Fee \$8,000/year  
Billable Transaction Fee Electronic \$1.50/transaction  
Billable Transaction Fee Manual \$2.50/transaction

If you have questions, please contact:

Shirley Buecksler, City Clerk  
City of Farmington  
430 Third Street  
Farmington, MN 55024  
Tel: 651-280-6803

[SBuecksler@FarmingtonMN.gov](mailto:SBuecksler@FarmingtonMN.gov)



**Checklist for Pawnbrokers and  
Precious Metal Dealers License**

**Business Name:** \_\_\_\_\_

Please return this list with your application materials. Incomplete applications cannot be processed until all of the items listed are received and complete.

<b><u>Required Documents</u></b>	<b><u>Applicant Initials</u></b>	<b><u>City Staff Initials</u></b>
1. City of Farmington License Application	_____	_____
2. Workers' Comp. Certificate of Compliance (Form FGTN2009)	_____	_____
3. General Authorization and Release of Data	_____	_____
4. All applicable Fees (See fee schedule below)	_____	_____
5. Certificate of liability insurance	_____	_____
6. Floor plan of premises	_____	_____

**Pawnbrokers and Precious Metal Dealers License Fees**

Investigation Fee	\$1,000/year
Annual License Fee	\$8,000/year
Billable Transaction Fee Electronic	\$1.50/transaction
Billable Transaction Fee Manual	\$2.50/transaction



## Pawnbrokers and Precious Metal Dealers Application

1. Individual Owner \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_
2. Applicant Name: \_\_\_\_\_
3. Resident Address: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
5. Applicant is: \_\_\_\_\_ a U.S. Citizen or \_\_\_\_\_ Resident Alien
6. Has the applicant ever used or been known by a name other than the applicant's name?  
\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, provide the name or names used and information  
concerning dates and places where used \_\_\_\_\_  
\_\_\_\_\_
7. Business Name if it is to be conducted under a designation, name, or style other than the name  
of the applicant and attach a certified copy of the certificate as required by MSA section 333.01.  
\_\_\_\_\_  
\_\_\_\_\_
8. Applicant's street addresses where applicant has lived during preceding five years.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Provide the type, name, and location of every business or occupation in which the applicant  
has been engaged during the preceding five years and the name(s) and address(es) of the  
applicant's employer(s) and partner(s), if any, for the preceding five years.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Has applicant ever been convicted of a felony, crime, or violation of any ordinance other than a traffic ordinance? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, provide information as to the time, place, and offense of all such convictions. \_\_\_\_\_

11. Provide a physical description of the applicant \_\_\_\_\_

12. Provide the applicant's current personal financial statement and true copies of the applicant's federal and state tax returns for the two years prior to application.

13. Minnesota Tax ID Number \_\_\_\_\_  
Federal Tax ID Number \_\_\_\_\_

14. If applicant does not manage the business, provide the name of the manager(s) or other person(s) in charge of the business and all information concerning each of them as requested above with additional applications attached for each \_\_\_\_\_

15. Does applicant hold any of the following licenses from any other governmental unit:

\_\_\_\_\_ Pawnbroker \_\_\_\_\_ Precious Metal Dealer \_\_\_\_\_ Secondhand Goods Dealer

16. Has the applicant previously been denied or had revoked or suspended the above license(s) from this or any other governmental unit? \_\_\_\_\_

17. Provide names, street resident addresses, business addresses and telephone numbers of three individuals who are of good moral character and who are not related to the applicant or not holding any ownership in the premises or business who may be contacted as to the applicant's and/or manager's character.

Name	Business Address	Street Address	Telephone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Location of business \_\_\_\_\_

19. Legal description of the premises to be licensed \_\_\_\_\_

20. Location where applicant's business records are maintained \_\_\_\_\_

21. If the applicant does not own the licensed premises, attach a true and complete copy of the executed lease.

22. Have real estate and personal property taxes that are due and payable for the premises to be licensed been paid? \_\_\_\_\_ Yes \_\_\_\_\_ No If not, provide the years and amounts that are unpaid \_\_\_\_\_

23. If premises construction is being planned, under construction or undergoing substantial alteration, attached a set of preliminary plans showing the design of the proposed premises to be licensed. If the plans or design are on file with the City Building Inspections department, no plans need to be submitted. Plans on file with the City \_\_\_\_\_ Yes \_\_\_\_\_ No

**If applicant is a partnership:**

24. Provide the name(s) and address(es) of all general and limited partners and all information concerning each general partner as requested above with additional application for each.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Provide name(s) of managing partner(s) and the interest of each partner in the pawnbroker or precious metal business.

Name	Interest
_____	_____
_____	_____
_____	_____

26. Attach a true copy of the partnership agreement to this application. If the partnership is required to file a certificate as to a trade name pursuant to MSA section 333.01, a certified copy of such certificate shall be attached to the application.

27. Attach a true copy of the federal and state tax returns for partnership for the two years prior to application.

**If applicant is a corporation or other organization:**

28. Name of corporation or business form, and if incorporated, the state of incorporation

\_\_\_\_\_

29. Attach a true copy of the certificate of incorporation, articles of incorporation, or association agreement, and bylaws. If applicant is a foreign corporation, a certificate of authority as required by MSA section 303.06 shall be attached.

30. Name of manager(s), proprietor(s), or other agent(s) in charge of the business and all information concerning each manager, proprietor, or agent as requested above with additional application for each. \_\_\_\_\_  
\_\_\_\_\_

31. List all persons who control or own an interest in excess of 5% in such organization or business form or who are officers of the corporation or business form and all information concerning said persons as required above.

Name	Interest
_____	_____
_____	_____
_____	_____

_____	_____	_____
<b>Applicant Signature</b>	<b>Title</b>	<b>Date</b>

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

NOTARY SEAL

\_\_\_\_\_  
Notary Public

**APPROVALS:**

_____	_____
<b>Police Department</b>	<b>Date</b>

_____	_____
<b>City Clerk</b>	<b>Date</b>

**CERTIFICATION OF COMPLIANCE  
MINNESOTA WORKERS' COMPENSATION LAW**

Form FG TN2009

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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176. The information required will be collected by the licensing agency and retained in their files. The information required is: name of insurance company, policy number, and dates of coverage or permit to self-insure.

**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 or falsely stated, it may result in a \$2,000 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) (Middle) (First)

**Doing business as (DBA):** \_\_\_\_\_  
(Business name if different than your name)

**Business address:** \_\_\_\_\_  
(Street) (City, State, ZIP)

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **176.182 BUSINESS LICENSES OR PERMITS; COVERAGE REQUIRED**

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 Section 176.181, subdivision 2, by providing the name of the insurance company, the policy number, and the dates of coverage or the permit to self-insure. The commissioner shall assess a penalty to the employer of \$2,000 payable to the assigned risk safety account, if the information is not reported or is falsely reported.

Neither the state nor any governmental subdivision of the state shall enter into any contract for the doing of any public work before receiving from all other contracting parties acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, subdivision 2.

This section shall not be construed to create any liability on the part of the state or any governmental subdivision to pay workers' compensation benefits or to indemnify the special compensation fund, an employer, or insurer who pays workers' compensation benefits.

HIST: 1982 c 346 s 94; 1983 c 290 s 114; 1987 c 332 c 332 s 47; 1992 c 510 art 3 s 19; 1995 c 231 art 2 s 72



**CITY OF FARMINGTON**  
**GENERAL AUTHORIZATION AND RELEASE OF DATA**

In order to comply with State and Federal Data Privacy Act Laws, the City of Farmington is requesting your authorization and consent to permit the City to conduct a background investigation. Please provide the following personal data, read the paragraphs below and sign where indicated.

Full Name: \_\_\_\_\_  
(First, Middle, Last)

Address: \_\_\_\_\_  
Number Street City County State Zip Code

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
Month/Date/Year

Have you ever been convicted of any crime, either felony or misdemeanor? \_\_\_\_\_ If yes, please state place and nature of offense: \_\_\_\_\_

I, the undersigned, hereby authorize and grant my informed consent to permit the Bureau of Criminal Apprehension (hereafter "BCA") and the Farmington Police Department (hereafter "FPD") to release to and make available to the City of Farmington, Minnesota (hereafter "City") and/or its representatives all data classified as private which concerns me and which may be in your possession. The data, classified as private under M.S. 13.02, Subd. 12, includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with the BCA and/or the FPD. I understand the purpose of permitting the City to have access to this information is to determine my suitability for licensure.

By signing this authorization, I hereby release the BCA and the FPD from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the City from any and all liability for its receipt and use of data received pursuant to this consent. I understand that if I am rejected on the basis of a criminal conviction, I will be notified in writing and be given rights of redress subject to applicable laws. I also understand that I am not legally required to sign this form, but if I do not, the City will not be able to determine whether my conviction record is a license-related consideration.

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Full Name Printed)

Please return to:  
City of Farmington  
Attn: Shirley Buecksler, City Clerk  
430 Third Street  
Farmington, MN 55024

## CITY OF FARMINGTON – DATA PRACTICES ACT NOTICE

Minnesota law requires that you be informed of your rights as they pertain to private information (“private data”) collected from you by the City of Farmington (“the City”). Private data is that information held by the City which is available to you, but not to the public.

You have the right to refuse to provide the information requested on this application form, however, without certain information, the City may be unable to approve the license applied for. If you feel that certain information requested is an unwarranted invasion of privacy, please contact the Human Resources Director.

The dissemination and the use of private data we collect is limited to that necessary for the administration and management of the City’s licensing program. Persons or agencies with whom this information may be shared include:

- City personnel, including law enforcement personnel, administering the license program;
- The Bureau of Criminal Apprehension;
- The City Attorney and support staff of the City Attorney’s office;
- Federal, state, local, and contracted private auditors;
- Federal and State agencies with oversight or responsibility related to the licensed business;
- Those individuals or agencies as to whom you give your express written permission for release of the information.

Unless otherwise authorized by state statute or federal law, other governmental agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

- The right to see and obtain copies of data maintained about you;
- The right to be told the contents and meaning of the data; and
- The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the Farmington Human Resources Director at 430 Third Street, Farmington, MN 55024 (651) 280-6800. I have read and I understand the above information regarding my rights as a subject of government data.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date