

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 ft. 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:

Cynthia Muller, Administrative Assistant
City of Farmington
430 Third Street
Farmington, MN 55024
Tel: 651-280-6803
CMuller@FarmingtonMN.gov



City of Farmington

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.

<u>Required Documents</u>	<u>Applicant Initials</u>	<u>City Staff Initials</u>
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



City of Farmington

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

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: Administration
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