



Dakota County License Application for Precious Metal Dealer License

Print or type

MN employer ID number
Federal employer ID number (FEIN)
Date of issuance

Applicant's legal name			Applicant's Date of Birth	
Business trade name (doing business as)			Daytime phone	
Complete address of business location (<i>permit location</i>)		County	Email	
City	State	Zip code	Fax number	
Resident address (<i>if different than business address</i>)		City	State	Zip code
		Email address		

Business information

Type of legal organization (*check one*):

<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other (<i>describe</i>) _____	<input type="checkbox"/> Minnesota corporation: Enter date of incorporation _____ <input type="checkbox"/> Out-of-state corporation: State of incorporation _____ Are you registered to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Branch office locations (*attach a list if necessary*)

Address	City	State	Zip code
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Location where purchased secondhand precious metals will be stored for the required 14 days

Address	City	State	Zip code
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Statement of understanding

I 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 Dakota County.

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

Sign here

Licensee signature	Title	Print name	Date
Licensing agent's signature	Title	Print name	Date