

LICENSE NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

## OLMSTED 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 Olmsted 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 OLMSTED 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 \_\_\_\_\_

(USE ADDITIONAL SHEETS IF NECESSARY.)

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
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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)