



PAWNBROKERS LICENSE NEW & RENEWAL APPLICATION

[Rochester Code of Ordinances Chapter 5-13](#) applies to Pawnbrokers. No Person shall engage in the business of pawnbroker or otherwise portray themselves as a pawnbroker within the City without a pawnbroker's license for that location.

Licenses must be renewed every year, with the license period running from January 1 through December 31. The current license fee is \$700. Required fees must be paid at the time an application is submitted.

The annual license fee is not prorated, and will increase on Jan. 1, 2020. Fees paid for 2020 before Jan. 1 will be at the current rate. Required fees must be paid at the time an application is submitted.

Instead of sending in this form, applications can be submitted online through the Accela Citizen Access portal. See the following instructions:

Register Public User Account (video): <https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=761310>

Applying for a New License (PDF): <https://lf.rochestermn.gov/Documents/ElectronicFile.aspx?dbid=0&docid=1210117>

Submitting a License Renewal (PDF): <https://www.rochestermn.gov/Home/ShowDocument?id=25701>

ITEMS REQUIRED FOR BOTH NEW AND RENEWAL APPLICATIONS

- 1.** Fully complete all parts of the application and submit **ALL** pages including this checklist (**Every question must be answered – write 'N/A' or 'not applicable' if necessary on any questions**):
 - License Application must be signed by the applicant or an owner/member/officer
- 2.** Annual license fee of \$700
 - License fees are not prorated regardless of when issued during the course of the calendar year.
 - Renewal applications not submitted by Nov. 30 will incur a 20% late fee.
 - Renewal applications not submitted by Dec. 31 will incur a 50% late fee.
- 3.** Proof of worker's compensation insurance as required by Minn. Stat. §176.182, unless applicant is exempt.
- 4.** \$5,000 bond in favor of the City, conditioned that the principal shall observe all laws in relation to pawnbrokers, and will conduct business in conformity thereto, and that the principal will account for and deliver to any person legally entitled any goods which have come into the principal's hand through the principal's business as a pawnbroker, or in lieu thereof, will pay the reasonable value in money to the person; and shall contain a provision that no bond may be canceled except upon 30 days' written notice to the city, to be served upon the city clerk.
- 5.** A diagram or blueprint of the premises to be licensed. (*Renewals*: only needed if there are changes)
- 6.** Addendum 1 for the manager or individual otherwise responsible for day-to-day business operations, as well as owners, partners, corporate members and officers. (*Renewals*: only needed if there are changes)

ITEMS REQUIRED FOR BOTH **ONLY** NEW APPLICATIONS

- 7.** If the applicant does not own the business premises, a true and complete copy of the executed lease.
- 8.** A certified copy of the certificate of assumed name as required by Minn. Stat. § 333.01 must be submitted if the business is conducted under a designation, name, or style other than the name of the applicant.

9. Financial and business information:

For individual applicants:

- a) current personal financial statement
- b) copies of the applicant's federal and state tax returns for the two years prior to application for individual applicants
- c) completion of Addendum 1 for an individual applicant

For partnerships:

- a) copy of federal and state tax returns for the partnership for the two years prior to application
- b) copy of the partnership agreement

For corporations or LLCs:

- a) certificate of incorporation, articles of incorporation or association agreement, and bylaws
- b) if the applicant is a foreign corporation, a certificate of authority, as required by Minn. Stat. § 303.06, must also be provided

ADDITIONAL STEPS TO BE COMPLETED BY THE CITY PRIOR TO ISSUING A LICENSE:

- 10.** Review of the application by the City Clerk's Office to ensure completeness
- 11.** Approval of the license by the City Council
- 12.** Confirmation that all requirements of [RCO 8-7-3](#) have been met, including that the applicant has paid all fees, charges, taxes, special assessments, or other debt or obligation owed to the City regarding any other matter
- 13.** Issuance of license once all other steps are complete

Fill in all blanks. Write N/A if a question is not applicable.			
Licenses run on the calendar year, expiring on Dec. 31, and are not prorated.			
Calendar Year Applying for: _____			
Is this a renewal of an existing or previous license with the City of Rochester? <input type="checkbox"/> YES <input type="checkbox"/> NO			
STEP 1. APPLICANT INFORMATION			
Information about who is completing this application for the business			
1. First Name		2. Last Name	
3. Primary Telephone Number	4. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	5. Alternate Phone Number	6. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other
7. Email Address			
8. Mailing Address		9. City	10. State 11. Zip Code
12. Please send official notices relating to this license to: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email <input type="checkbox"/> Business Address		13. Role of person completing application: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____	
Information about primary point of contact for this license (if different than above)			
14. First Name		15. Last Name	
16. Primary Telephone Number	17. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	18. Alternate Phone Number	19. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other
20. Email Address		21. Role of primary contact: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____	

License Holder Information			
Provide information about who this license will be issued to			
22. Business Federal Tax ID Number		23. Business State Tax ID Number	
24. Entity license will be issued to (Legal Corporate Name of Business including LLC, Inc., Co., etc., or, <i>only if sole proprietor</i> , name of individual)		25. Business Trade Name (DBA) if different than legal name	
26. Business Address		27. City	28. State
			29. Zip Code
STEP 2. LICENSE INFORMATION			
License Details - attach additional sheets if necessary			
30. Is this location owned or rented? <input type="checkbox"/> Owned <input type="checkbox"/> Rented			
31. Type of Ownership:			
<input type="checkbox"/> Sole Proprietor – submit Addendum 1, last two years’ state and federal personal taxes, personal financial statement <input type="checkbox"/> Partnership – submit last two years’ state and federal partnership taxes, copy of partnership agreement <input type="checkbox"/> Corporation – submit last two years’ state and federal corporate taxes, copy of Articles of Incorporation & bylaws <input type="checkbox"/> LLC – submit last two years’ state and federal LLC taxes, copy of LLC agreement <input type="checkbox"/> Non Profit – contact the City Clerk’s Office about what additional documents are needed <input type="checkbox"/> Other _____ – contact the City Clerk’s Office about what additional documents are needed			
32. Is the business organized in Minnesota or authorized to do business in the state?			
<input type="checkbox"/> Yes, organized in Minnesota <input type="checkbox"/> Yes, organized in another state but authorized in Minnesota <input type="checkbox"/> No, neither			
Date of Business Filing with Minnesota Secretary of State: _____			
33. Does the applicant hold a current pawnbroker, precious metal dealer or secondhand goods dealer license from any other governmental unit?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to this question is yes, please indicate what other jurisdiction(s) the applicant holds current license(s) with: _____			
34. Has the applicant or any responsible party for the business ever had any business license or individual pawnbroker license denied, revoked, or suspended by any local unit of government or state?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to this question is yes, attach additional sheets providing details about any adverse license action(s), including the type of license(s), jurisdiction(s) involved, and date(s) and your business activity or occupation following the action.			
35. Name of the Manager/Individual responsible for day-to-day operations of the business (First, Middle, Last) (must complete Addendum 1)			
Owners, Partners, Corporate Members and Officers			
36. For Partnerships, list all partners and their interest in the business For Corporations or LLCs, list all persons who control or own an interest in the business or who are officers of the business, unless the corporation is publicly traded			
Full Name	Title	% Owner/Role	
Full Name	Title	% Owner/Role	
Full Name	Title	% Owner/Role	
Full Name	Title	% Owner/Role	

Full Name	Title	% Owner/Role
STEP 3. BUSINESS DATA		
WORKER'S COMPENSATION INSURANCE		
Workers' Compensation Company	Policy Number	Dates of Coverage
OR:		
<p>I certify that I am not required to carry workers' compensation insurance because:</p> <p><input type="checkbox"/> I am self-insured.</p> <p><input type="checkbox"/> I am the sole proprietor and I have no employees.</p> <p><input type="checkbox"/> I have no employees who are covered by workers' compensation law.</p> <p>Only employees who are specifically exempted by statute are not covered by workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.</p>		



Name of associated Pawnbrokers business: _____
 Addendum ____ of ____ Submitted with this application.

**ADDENDUM 1: TO BE COMPLETED BY: a) AN INDIVIDUAL APPLICANT FOR A PAWNBROKERS LICENSE
 b) THE MANAGER OR INDIVIDUAL IN CHARGE OF DAILY OPERATIONS
 c) ALL PARTNERS, OWNERS, MEMBERS OR OFFICERS OF A BUSINESS ENTITY APPLYING FOR A
 PAWNBROKERS LICENSE**

1. Name of individual (First, Middle, Last)

2. Role of person completing this section
 Owner/partner/corporate member with a 5% interest or greater in the business
 Manager

3. Place of Birth (City & State, or City & Country if outside U.S.)

4. Height and Weight

5. Eye Color

6. Home Address

7. City, State, Zip Code

8. Primary Telephone Number

9. Type of Phone:
 Cell Business
 Home Other

10. Alternate Phone Number

11. Type of Phone:
 Cell Business
 Home Other

12. Email

13. Are you a U.S. Citizen?
 Yes No
 If no, are you legally permitted to be in the U.S.? Yes No

ATTACH ADDITIONAL SHEETS FOR ANY QUESTIONS THAT REQUIRE MORE SPACE THAN PROVIDED

14. Have you ever been known by any name other than the one listed above on this application?
 Yes No

If Yes, List all other names or aliases ever used, as well as the dates of the use of each name

15. Addresses used for Last Five years	
<u>Dates</u>	<u>Addresses</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

16. Employment History for Last Five years, beginning with current employment

Name of employer _____ Dates of employment _____

Address _____ Phone number _____

Name of employer _____ Dates of employment _____

Address _____ Phone number _____

Name of employer _____ Dates of employment _____

Address _____ Phone number _____

Name of employer _____ Dates of employment _____

Address _____ Phone number _____

17. Provide information on any and all criminal conviction(s) of any state, county, or local law or regulation, other than traffic violations

<u>Date</u>	<u>Offense</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTIFICATION AND VERIFICATION OF INDIVIDUAL COMPLETING THIS ADDENDUM

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the massage therapy business license being applied for. Disclosure of this information is voluntary. You are not legally required to provide this data, however, if you fail to do so, the City of Rochester may be unable to process this application.

Your Birth Date is classified as private data, and are is not available to the public. Access to this data is limited to staff with a business need in order to administer and manage the licensing program. All other information contained in this application is public information pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13.

You have the right to see and obtain copies of the data maintained on you, including private data. You also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data. You can exercise these rights by contacting the City Clerk's Office.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

I, (print name) _____, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license. I give my consent for the City of Rochester to conduct a background investigation as authorized by RCO 5-13.

Signature of Applicant _____ Date _____



FULL APPLICATION VERIFICATION

Notice of Collection of Private Data

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the pawnbroker license being applied for. Disclosure of this information is voluntary. You are not legally required to provide this data, however, if you fail to do so, the City of Rochester may be unable to process this application.

Social Security Numbers and Birth Dates are classified as private data, and are not available to the public. Disclosure of Social Security Number (or Individual Tax ID Number only for individuals without a social security number) is required by Minnesota Statutes 270C.72, and may be requested by and released to the Minnesota Commissioner of Revenue. Access to this data is limited to staff with a business need in order to administer and manage the licensing program. All other information contained in this application is public information pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13.

You have the right to see and obtain copies of the data maintained on you, including private data. You also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data. You can exercise these rights by contacting the City Clerk's Office.

Notice of Ability to Sign up for Electronic Notifications of Proposed City Ordinances

As an applicant for a business license or renewal of an existing business license, you are also hereby notified that the City of Rochester distributes general city information and notices through an electronic notification system, and you may sign up to receive notices through this electronic notification system on the City's website at <http://www.rochestermn.gov/i-want-to/sign-up-for/email-updates>. This includes notice of proposed ordinances at least 10 days prior to final adoption by the City Council in accordance with Minn. Stat. 415.19.

A SIGNATURE VERIFYING THE OVERALL ACCURACY AND COMPLETENESS OF THIS APPLICATION BY AN OWNER/PARTNER/OFFICER IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

I, (print name) _____, have read and understand the above information regarding my rights as a subject of government data. I agree I will strictly comply with all the laws of the State of Minnesota the ordinances of the City of Rochester relating to conducting business as a pawnbroker, and understand I can review all City ordinances on the City website or in the City Clerk's Office.

I acknowledge I have been provided information about what is required to obtain a business license from the City of Rochester, and how to receive notifications of proposed City ordinances. I agree I will strictly comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Rochester, and understand I can review all City ordinances on the City website or in the City Clerk's Office.

I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to conduct a background investigation as authorized by RCO 5-13.

I affirm I have no intention or agreement to transfer the license being applied for to another person or entity, or to allow any other person or entity to operate under the authority of the license. I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to inspect the licensed premises for the purpose of ensuring compliance with the law, at any time the business is occupied and/or open for business. I also understand that a denial of permission for such a lawful inspection of the premises is a violation of the license provisions.

I further hereby certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of my business license.

Signature of Applicant _____ Date _____