



**APPLICANT'S EMPLOYMENT HISTORY:***List type, name, and location of each occupation during the past 5 years, beginning with present time*

<b>Dates</b>	<b>Occupation</b>	<b>Type of Business</b>	<b>Employer</b>	<b>Employers Address</b>

**APPLICANT INFORMATION: Physical description of applicant****Height:****Weight:****Hair Color:****Eye Color:****Distinctive Characteristics:****IF THE APPLICATION IS A PARTNERSHIP:**

**Do you have a business partner or partners?**     Yes     No    *If yes, provide names and addresses of each*

---



---



---

**Does the business have a manager or other person in charge of the business?**     Yes     No

*If yes, provide information* \_\_\_\_\_

**Is the business a partnership?**     Yes     No

*If yes, provide a true copy of the partnership agreement.*

**Is the business a corporation?**     Yes     No

*If yes, provide true copy of the certificate of incorporation.*

**List all persons who control or own an interest in excess of five (5%) percent in the business**

---



---



---

**Do you currently hold a pawn broker, precious metal or second hand goods license?**     Yes     No

*If yes, provide information.* \_\_\_\_\_

**Have you had a pawn broker, precious metal, or second hand goods license revoked, denied, or suspended?**  
 Yes     No

*If yes, provide information.* \_\_\_\_\_

**CRIMINAL BACKGROUND CHECK AUTHORIZATION**

All persons applying for a Second Hand Goods Dealer License must submit a fingerprint card to a background check. Fingerprint cards can be obtained from the Hibbing Police Department. Checks are performed by the Hibbing Police Department and the Bureau of Criminal Apprehension (BCA).

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

The following named individual has made application with the City of Hibbing for a Second Hand Goods Dealer License.

**Last Name of Applicant** *(please print)*: \_\_\_\_\_

**First Name** *(please print)*: \_\_\_\_\_

**Middle** *(full/please print)*: \_\_\_\_\_

**Maiden, Alias, or Former** *(please print)*: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** (M or F): \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Hibbing Police Department for the purpose of a Second Hand Goods Dealer License with the City of Hibbing.

The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

*Notary:*

State of Minnesota  
County of St. Louis

Signed before me \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

*Stamp:* \_\_\_\_\_  
Notary Public