



# Fillmore County

Auditor/Treasurer's Office

P.O. Box 627

Preston, MN 55965

Phone: (507) 765-3811

Fax: (507) 765-2662

[www.co.fillmore.mn.us](http://www.co.fillmore.mn.us)

**For Office Use Only:**

**Fee Collected:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**Licensing Period:** \_\_\_\_\_

## Application for Precious Metal License

Pursuant to Minnesota Statutes 325F.733

(First, Middle, Last)  
(Owner, Partner or Officer)

As

For and behalf of

(list one of the following: if individual, give full name; if partnership, give name of all partners; if 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 Fillmore County.

Business name:

Principal Business Address:

City:

State:

Zip:

Name of Manager of Principal Business:

Location within the licensing county where purchased secondhand precious metals will be held for the required 14 days:

### Branch Office Information:

- Each Branch shall be operated under the same name as the principal office
- List all branch locations within Fillmore County

Branch Office Address:

Name of Manager of Branch Office:

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

Date:

Signature:

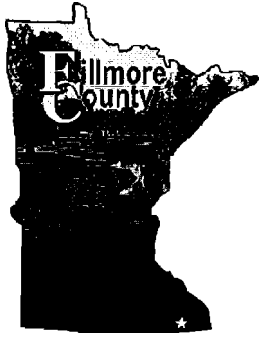
Subscribe and sworn to before me on this

day of

, 20

Signature of Notary Public or Other Official

(Notary Seal)



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### CONFIDENTIAL INFORMATION PAGE

*(Due to the confidential nature, this page will be detached from main application page and will not be made available to the general public)*

If Applicant is an individual, please complete the following:

Resident Address:

City State and Zip:

Date of Birth:

Resident Phone Number:

If Applicant is a partnership or corporation, please complete the following for each officer or general partner (attach additional sheets if necessary)

Name:

Position:

Date of Birth:

Resident Address:

Name:

Position:

Date of Birth:

Resident Address:

Name:

Position:

Date of Birth:

Resident Address:

If Applicant has a separate Manager and/or Branch Office Manager, please complete the following:

Resident Address of Manager:

Resident Phone:

Date of Birth:

**Pursuant to Minnesota** Statutes 270C.72, the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest; and

The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service; and

Failure to supply this information may jeopardize or delay the issuance of your licensing or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. **Do not return this form to the Department of Revenue.**

Licensing Authority: Fillmore County

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**License Information** \_\_\_\_\_

Name of license being applied for: Precious Metal License

License renewal date:

**Personal Information**

Applicant's Name (*Last, first, middle initial*):

Applicant's Address:

Social Security Number:

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**Business Information** \_\_\_\_\_

Business Name:

Business Address:

Minnesota Tax Identification Number:

I do not conduct any business as a business entity and therefore do not have a Minnesota business identification number.

Additional explanation, if necessary:

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**Signature:**

**Date:**

**CERTIFICATION OF COMPLIANCE  
MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statutes, section 176.182 requires every state or local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, section 176.181, subd. 2, by providing the name of the insurance company, the policy number and dates of coverage or a permit to self-insure. **This information will be collected by the licensing agency and retained in their files.**

This information is required by law, and licenses and permits to operate a business will not be issued or renewed if it is not provided and is falsely stated and shall result in a \$2,000 penalty assessed against the employer by the Commissioner of the Department of Labor and Industry for failure to comply.

Insurance Company Name:  
(NOT the insurance agent)

Policy #:

Dates of Coverage: \_\_\_\_\_ to \_\_\_\_\_

I am not required to have Workers' Compensation liability coverage because:

- I have no employees
- I am self insured (include permit to self-insure)
- I have no employees who are covered by the Workers' Compensation law  
(These include spouse, parents, children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid Workers' Compensation policy will be kept in effect at all times as required by law.

NAME: \_\_\_\_\_  
Last First Middle

DOING BUSINESS AS: \_\_\_\_\_  
(Business name if different than your name) Phone \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_