



111 Hassan Street Southeast  
Hutchinson, MN 55350  
(320) 587-5151/Fax: (320) 234-4240

License Fee: **\$125.00**

Operating Year: \_\_\_\_\_

**City of Hutchinson**  
**Application for Pawn Broker or Precious Metal Dealer License**

Applicant Information		
_____	_____	
<i>Applicant's True Name</i>	<i>Phone Number</i>	
_____	_____	
<i>Place of Birth (City, State)</i>	<i>Date of Birth</i>	
Are you the owner and operator of the business? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If "NO", who is: _____		
Have you ever used or been known by another name other than your true name? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If "YES", list name(s), place(s), and date(s) used: _____		
_____		
Are you <input type="checkbox"/> Married <input type="checkbox"/> Single? If "Married", complete the following?		
_____	_____	_____
<i>Spouse's True Name</i>	<i>Place of Birth (City, State)</i>	<i>Date of Birth</i>
Has your spouse ever used or been known by another name other than true name? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If "YES", list name(s), place(s), and date(s) used: _____		
_____		

Applicant Address Information				
Current Address:				
_____	_____	_____	_____	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
List Addresses for Last Ten (10) Years:				
_____	_____	_____	_____	
<i>Year(s)</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
_____	_____	_____	_____	
<i>Year(s)</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
_____	_____	_____	_____	
<i>Year(s)</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>*If necessary, use separate sheet for additional</i>				

Spouse's Address Information				
Current Address:				
_____	_____	_____	_____	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
List Addresses for Last Ten (10) Years:				
_____	_____	_____	_____	
<i>Year(s)</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
_____	_____	_____	_____	
<i>Year(s)</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
_____	_____	_____	_____	
<i>Year(s)</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>*If necessary, use separate sheet for additional</i>				

Applicant's Employers/Partners Information (list all employer(s)/partner(s) for past ten (10) years)			
_____ <i>Employer/Partner Name</i>	_____ <i>Relationship to Business</i>	_____ <i>Years</i>	
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
_____ <i>Employer/Partner Name</i>	_____ <i>Relationship to Business</i>	_____ <i>Years</i>	
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
_____ <i>Employer/Partner Name</i>	_____ <i>Relationship to Business</i>	_____ <i>Years</i>	
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>

*\*If necessary, use separate sheet for additional*

Spouse's Employers/Partners Information (list all employer(s)/partner(s) for past ten (10) years)			
_____ <i>Employer/Partner Name</i>	_____ <i>Relationship to Business</i>	_____ <i>Years</i>	
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
_____ <i>Employer/Partner Name</i>	_____ <i>Relationship to Business</i>	_____ <i>Years</i>	
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
_____ <i>Employer/Partner Name</i>	_____ <i>Relationship to Business</i>	_____ <i>Years</i>	
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>

*\*If necessary, use separate sheet for additional*

Spouse Business/Occupation Information (list all business(es)/occupation(s) for past ten (10) years)			
_____ <i>Business Name</i>	_____ <i>Relationship to Business</i>	_____ <i>Years</i>	
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
_____ <i>Business Name</i>	_____ <i>Relationship to Business</i>	_____ <i>Years</i>	
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
_____ <i>Business Name</i>	_____ <i>Relationship to Business</i>	_____ <i>Years</i>	
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>

*\*If necessary, use separate sheet for additional*

Applicant's Background Information
<p>Have you or your spouse been convicted of a violation of any state law or local ordinance, other than a non-alcohol related traffic offense?</p> <p style="text-align: center;"><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p>If yes, furnish information as to the time, place, and offense for which convictions were had:</p> <hr/>
<p>Have you or your spouse ever been engaged as an employee or in operating a pawnshop or precious metal dealership or other business of a similar nature.</p> <p style="text-align: center;"><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p>If yes, furnish information as to the time, place, and length of time:</p> <hr/>
<p>Have you or your spouse ever been in the military service</p> <p style="text-align: center;"><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p>If yes, upon request the applicant will need to furnish all discharges documents.</p>
<p>Do you currently hold a pawnbroker or precious metal dealer license from any other governmental unit and are you licensed under Minnesota Statutes, Section 471.924 or 325F.731 to 325.744?</p> <p style="text-align: center;"><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p>Have you ever been denied a pawnbroker or precious metal dealer license from any other governmental unit?</p> <p style="text-align: center;"><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p>If yes, furnish information as to the time, place, and why license was denied:</p> <hr/>

Partnership Information
<p>Is this business a partnership?</p> <p style="text-align: center;"><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p>If yes, please complete <u>all</u> the applicant information requested above for each partner. A managing partner, or partners, shall be designated. The interest of each partner, or partners, in the business shall be submitted with the application and, if the partnership is required to file a certificate as to trade name under the provisions of Minnesota Statute, Chapter 333, a copy of the certificate certified by the District Court Administrator shall be attached to the application.</p>

Business Information						
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-top: 1px solid black; text-align: center;"><i>Business Name</i></td> <td style="width: 40%; border-top: 1px solid black; text-align: center;"><i>Phone Number</i></td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center;"><i>Address</i></td> <td style="border-top: 1px solid black; text-align: center;"><i>City</i></td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center;"><i>State</i></td> <td style="border-top: 1px solid black; text-align: center;"><i>Zip</i></td> </tr> </table> <p>Include with the application a legal description of the premises, including a map of the area for which the license is sought, showing dimensions, locations of building, street access, and parking facilities.</p> <p>Are real estate and personal property taxes that are due and payable for the premises to be licensed have been paid? <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>If not paid, the years and amounts that are unpaid:</p> <hr/>	<i>Business Name</i>	<i>Phone Number</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Name</i>	<i>Phone Number</i>					
<i>Address</i>	<i>City</i>					
<i>State</i>	<i>Zip</i>					

Corporate/Organization Information (if applicable)			
<i>Corporate Name</i>	<i>Phone Number</i>		
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>State of Incorporation</i>	<i>CEO</i>		
<p>The manager, proprietor, or other agent in charge of premises must complete all applicant information requested above.</p> <p>Attach a list of all person(s) who, single or together with their spouse, own or control an interest in said corporation or association in excess of five (5) percent or who are officers of said corporation or association, along with <u>all</u> the information required of the applicant.</p>			

Emergency Contact (list responsible person(s), including the names of owner(s), manager(s), and assistant manager(s), who may be notified or contacted by City Employees in case of an emergency:			
<i>Name</i>	<i>Title</i>	<i>Home Phone</i>	
<i>Home Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Name</i>	<i>Title</i>	<i>Home Phone</i>	
<i>Home Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Name</i>	<i>Title</i>	<i>Home Phone</i>	
<i>Home Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>*If necessary, use separate sheet for additional</i>			

Bond Information (see ordinance 6.42 subd. 9 for details)			
Name of bonding company			
Address of bonding company	City	State	Zip

Checklist
<p>The following items need to be completed and/or attached in order for the application to be processed:</p> <p>Application completed in full and signed:    <input type="checkbox"/> yes    <input type="checkbox"/> no</p> <p>Application/Investigation fee paid in full (check or money order):    <input type="checkbox"/> yes    <input type="checkbox"/> no</p> <p>Legal description of business attached (as requested under business information:    <input type="checkbox"/> yes    <input type="checkbox"/> no</p> <p>\$5,000 bond filed with the City Administrator by duly licensed surety company</p>

I hereby certify that I have completely filled out the entire above application and that the application is true, correct, and accurate. I fully understand that it is illegal to make a false statement or material omission in a license application or investigation. Any false statement or material omission shall be grounds for denial, suspension, or revocation of a license.

I also understand that I have the continuing duty to properly notify the City Administrator of any change in the information or facts required to be furnished on the application for a license. This duty shall continue throughout the period of the license. Failure to comply with this shall constitute cause for revocation or suspension of the license.

I further understand that the City Council may either suspend for up to 60 days or revoke any license or impose a civil fine not to exceed \$2,000 for each violation upon a finding that the licensee or an agent or employee of the licensee has failed to comply with applicable statute, regulation, or ordinance. Any conviction by the licensee for theft, burglary, robbery, receiving stolen property or any other crime or violation involving stolen property shall result in the immediate suspension pending a hearing on revocation of any license issued hereunder.

I have fully read and understand the Pawn Broker and Precious Metal Dealer Licenses Ordinance 6.42.

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*Signature of Applicant*

*Date*

***NOTE: No application will be forwarded to the City Council unless received one week prior to the regular Council meeting, filled out in completion, and fee payment is attached.***

Internal Use Only	
Building: <input type="checkbox"/> approved <input type="checkbox"/>	Notes: _____
Fire <input type="checkbox"/> approved <input type="checkbox"/> denied	Notes: _____
Police <input type="checkbox"/> approved <input type="checkbox"/> denied	Notes: _____
City Council <input type="checkbox"/> approved <input type="checkbox"/> denied	Notes: _____