



LICENSE NUMBER _____
EXPIRATION DATE _____

**MOWER 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 the 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 Mower 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 Manger/Proprietor: _____

OTHER BUSINESS LOCATIONS WITHIN MOWER 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)