

CONSIGNMENT HOUSE & TRADER

Office of the City Clerk
City of Robbinsdale
(City Code Section 1135)

LICENSE APPLICATION

Annual Fee: \$100
\$500 Initial Investigation Fee
\$200 Renewal Investigation Fee

The City Ordinance requires that the data requested in this application must be submitted in order for the City to determine your eligibility for the license. Refusal to provide the data may result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The City Staff shall investigate the data provided. A recommendation for approval or denial, based upon the applicant's eligibility is determined by the provisions of the licensing ordinance and other applicable laws, shall be forwarded to the City Council for final determination. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

PLEASE PRINT OR TYPE YOUR RESPONSES
(Provide in full the first, middle and last names where requested)

Applicants Full Name (NO initials or nicknames)		Trade Name or D.B.A.	
Business Address		City	State Zip
Drivers License No./State Issued	Date of Birth	Residence Phone No.	Business Phone No.
Are you a U.S. citizen? ___ Yes ___ No If not, do you have resident alien status? ___ Yes ___ No			
Have you ever applied for a similar license in any other location? ___ Yes ___ No If yes, provide name of city and also name of state in not in Minnesota. _____ _____			
Do you now have a similar business in any other location? ___ Yes ___ No If yes, provide address and telephone number of the similar business _____ Phone No. () _____			
The applicant must submit all of the following with this application (check each item to indicate it is attached): ___ A. Certificate of General Liability Insurance (not less than \$1,000,000 combined single limit) ___ B. Minnesota Tax/Workers Compensation form ___ C. Applicable fees			

Provide names, address and phone numbers of three business references from the metropolitan area:

_____	_____	_____
() _____	() _____	() _____

Provide names, address and phone numbers of three financial references from the metropolitan area:

_____	_____	_____
() _____	() _____	() _____

PROVIDE THE INFORMATION REQUESTED FOR ALL PARTNERS, OFFICERS OR ANY PERSON(S) HAVING A BENEFICIAL INTEREST IN THE BUSINESS.

Wherever a name is given, provide the full legal first, middle and last name - NO INITIALS OR NICKNAMES.

1) Name: _____ Date of Birth: _____ Citizenship Status: _____
Residence address for the past five years:

Driver's License # _____ State Issued: _____

2) Name: _____ Date of Birth: _____ Citizenship Status: _____
Residence address for the past five years:

Driver's License # _____ State Issued: _____

3) Name: _____ Date of Birth: _____ Citizenship Status: _____
Residence address for the past five years:

Driver's License # _____ State Issued: _____

USE ADDITIONAL SHEETS IF NECESSARY

Applicant Signature: _____ Date: _____

**** FOR OFFICE USE ONLY ****

REPORT BY POLICE DEPARTMENT

This is to certify that the applicant named herein has not been convicted within the past five years for any violation of laws of the State of Minnesota or municipal ordinances relating to Consignment House Dealers, except as follows:

Investigation fee charge \$ _____.

BY: _____ DATE: _____
Chief of Police

REPORT BY CITY PLANNER

This is to certify that the property/business for which licensing is being requested meets all zoning requirements regulating Consignment House Dealers, except as follows: _____

BY: _____ DATE: _____
City Planner

REPORT BY BUILDING OFFICIAL:

This is to certify that the building for which licensing is being requested meets all building code requirements for Consignment House Dealers, except as follows: _____

BY: _____ DATE: _____

Building Official

REPORT BY FIRE DEPARTMENT

This is to certify that the building for which licensing is being requested meets all fire code requirements for Consignment House Dealers, except as follows: _____

BY: _____ DATE: _____

Fire Chief/Marshal

REPORT BY CITY CLERK

This is to certify that the building for which licensing is being requested meets all license code requirements for Consignment House Dealers, except as follows: _____

BY: _____ DATE: _____

City Clerk

CITY COUNCIL PUBLIC HEARING:

Public Hearing date: _____

Notice of Public Hearing to SunPost by _____

For publication on _____ (10 days before meeting)

Mail hearing notice to applicant by _____

Prepare memo/forward to City Manager by _____

Final Action:

_____ Approve

Conditions for approval: _____

_____ Denied

Reasons for denial: _____

Fee of \$ _____ reimbursed on _____ .

BY: _____

TITLE: _____
