



OFFICE OF THE CITY CLERK

Second Hand Goods License Application

Annual Fee: \$200

\$750 Annual Investigation Fee

See also Appendix B for add'l information

New _____ Renewal _____

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)

Form with fields for: 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., and a checklist of required documents (A-F).

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

Three lines for business references, each with a name, address, and phone number field.

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

Three lines for financial references, each with a name, address, and phone number field.

PROVIDE THE INFORMATION REQUESTED ON 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: _____

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

Driver's License # _____ State Issued: _____

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

Driver's License # _____ State Issued: _____

6) 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 Second Hand Goods Dealers, except as follows: _____

Investigation fee charge \$ _____.

BY: _____
Chief of Police

DATE: _____

REPORT BY CITY PLANNER

This is to certify that the property/business for which licensing is being requested meets all zoning requirements regulating Second Hand Goods Dealers, except at follows: _____

BY: _____
City Planner

DATE: _____

REPORT BY BUILDING OFFICIAL

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

BY: _____
Building Inspector

DATE: _____

REPORT BY FIRE DEPARTMENT

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

BY: _____
Fire Chief/Marshal

DATE: _____

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: _____