



City of South St. Paul Business License Application

City Clerk's Office
125 3rd Avenue North
South St. Paul, MN 55075
(651)554-3205
Fax: (651)554-3201

TYPE OF LICENSE(S) APPLYING FOR:

License Year: _____

(X)	LICENSE	FEE	FEE INFORMATION	INSURANCE REQUIREMENTS
	BARBER	10.00	PER CHAIR	
	BEAUTY SHOP	10.00	PER CHAIR	
	BEER 3.2 ON SALE	150.00		Certificate of Insurance
	BEER 3.2 OFF SALE	50.00		Certificate of Insurance
	BEER 3.2 ON SALE TEMPORARY (See page 2)	50.00		Certificate of Insurance
	BENCHES-LIMIT 25	20.00	PER BENCH	Certificate of Insurance
	BOWLING ALLEY	50.00	FIRST LANE-\$10.00 EACH ADD'L	
	CAR WASH	75.00		Certificate of Insurance
	CIGARETTE	100.00		
	ENTERTAINMENT	100.00		
	FUEL DEALER	10.00		
	HOTEL	50.00	PLUS \$5.00 PER ROOM	
	HOUSE MOVING	25.00	PER YEAR, \$500.00 PER HOUSE	
	MECHANICAL AMUSEMENT DEVICES (See page 2)	15.00	PER LOCATION + \$15.00 PER MACHINE	
	MECHANICAL MUSIC (See page 2)	15.00	PER LOCATION + \$15.00 PER MACHINE	
	MASSAGE THERAPY	50.00	+ \$10.00 INVEST. FEE	Certificate of Insurance
	PAWNBROKERS	3,000.00	+ \$500.00 INVEST. FEE (IN MN) + \$1500.00 INVEST. FEE (OUT OF STATE)	\$3,000 License Bond
	PEDDLERS, SOLICITORS & CANVASSERS	50.00	+ \$10.00 INVESTIGATION FEE	\$1,000 License Bond
	PETROLEUM	50.00	+ \$5.00 PER PUMP	
	POOL TABLE	15.00	PER LOCATION + \$15.00 PER MACHINE	
	RETAIL FOOD SALES	50.00	EACH LOCATION OR VEHICLE	
	RESTAURANT	100.00		
	SPECIAL EVENT (See page 2)	25.00	PER DAY	
	SOFT DRINKS, GUM, CANDY & NUTS	15.00	PER LOCATION	
	TATTOO AND BODY PIERCING	150.00	+ \$50.00 APPLICATION FEE AND + \$150.00 INVESTIGATION FEE	License Bond
	TAXI CABS	100.00	PER COMPANY + \$25.00 EACH VEHICLE	Certificate of Insurance
	THEATER	100.00		
	TRASH HAULER - RESIDENTIAL or COMMERCIAL	200.00	+ \$5.00 PER TAB	Certificate of Insurance
	TRASH HAULER - RESIDENTIAL & COMMERCIAL	400.00	+ \$5.00 PER TAB	Certificate of Insurance
	USED CLOTHING SALES	50.00		

Business Name:		Business Phone:	
Address:		City, State, Zip	
Please Check: _____ Corporation _____ Partnership _____ Individual _____ Other			
Owner of Business or Individual Applying for License:		Phone:	
Address:		City, State, Zip	
Social Security #: (Required by MN Statutes 270C.72)		Drivers License #:	State of Issuance:
Minnesota Business Tax ID#:		Federal Business Tax ID#	



City of South St. Paul
 City Clerk's/Licensing Department
 125 3rd Avenue North
 South St. Paul, MN 55075
 (651)554-3200 Fax: (651)554-3201

Staff Initials	Application Checklist
	License Application
	Zoning Information completed by City Planner (Page 6)
	Authorization and Release of Private Data (Page 8)
	\$3,000 Bond
	Non-refundable investigation fee of \$500.00 (Minnesota Applicants) - \$1,500.00 (Out of State Applicants)
	True and complete copy of the executed lease agreement, contract for the business and/or building
	Preliminary Plans showing design of premises to be licensed.
	Proof that real estate taxes are paid. Contact Dakota County Property and Taxation Records (651)48-4576
	\$3,000 License Fee
	Ownership Information: Proprietorship: Provide a copy of certificate of assumed trade name Partnership: Provide a copy of the signed and executed partnership agreement Corporation: Provide a copy of the Certificate of Incorporation, Articles of Incorporation, by-laws and Certificate if a foreign corporation.
Additional Information	
<ul style="list-style-type: none"> • Incomplete applications will be returned • All applications must be signed by an owner, partner or principal • No license will be issued for a period longer than one year • Licenses are not transferable • Make a duplicate copy of this packet for your personal records before submitting • Your business may require a Conditional Use Permit. Please contact the City Planner at (651)554-3217 	



City Clerk's Office

City of South St. Paul Pawnbroker and/or Precious Metal Dealer License Application

Year: _____

Section 1

Type of License: Pawnbroker Precious Metal Dealer Secondhand goods dealer

1. Type of applicant:
 Corporation Partnership Sole Proprietor Other

If applicant is an individual, it shall be completed by such person; if a corporation, by an officer; if a partnership; by one of its general partners.

2. Legal name of licensee (Individual, partnership, corporation, organization) _____
Address _____
Phone (____) _____

3. Business name _____ Phone (____) _____
Address _____

If business is to be conducted under a designation, name or style other than the name of the applicant, attach a certified copy of the Certificate of Assumed Name as required by Minnesota Statutes. Attach a list of owners and their respective percentages totaling 100 percent.

4. Minnesota Business Tax ID Number _____ Applicant's Social Security Number _____
(Required by MN Statute 270C.72) _____ (Required by MN Statutes 270C.72)
Federal Business Tax ID Number _____ Driver's License #: _____
State of Issuance: _____

5. Proof of Liability Insurance and Workers' Compensation Coverage:
Insurance company name: _____ Dates of coverage: _____
Policy number/Self-insurance permit number (Per Minnesota Statutes Section 176-182) _____
I am **not** required to have workers' compensation liability coverage because:
 I have no employees covered by the law Other (Specify on the reverse side)

6. Does applicant hold a current pawnbroker, precious metal dealer or second hand goods dealer license from any other governmental unit? Yes No
If yes, indicate where licensed: _____

Section 2: Type of applicant

Complete only one number in this section. Refer to question 1 for type of applicant

7. Individual (Sole Proprietor)

Full name _____ Position _____
Residence address _____ Phone (____) _____
Business address _____ Phone (____) _____

8. **Partnership .** *If applicable, complete this question for general and limited partners, then proceed to Section Part II Personal History form is required for each general partner.*

Full name _____ Position _____

Residence address _____ Phone (____) _____

Full name _____ Position _____

Residence address _____ Phone (____) _____

9a. **Corporation/Club/other organization officers.** *If applicable, complete 8a, 8b and 8c, then proceed to Section 3.*

Corporation Address:

_____ State of incorporation/association _____

_____ Phone (____) _____

9b. **Officers of corporation/other organization** *A Part II Personal History form is required from each officer.*

President

Full name _____ Position _____

Residence address _____ Phone (____) _____

Vice President

Full name _____ Position _____

Residence address _____ Phone (____) _____

Secretary

Full name _____ Position _____

Residence address _____ Phone (____) _____

Treasurer

Full name _____ Position _____

Residence address _____ Phone (____) _____

CORPORATIONS MUST SUBMIT A TRUE COPY OF CERTIFICATE OF INCORPORATION, ARTICLES OF INCORPORATION, OR ASSOCIATION AGREEMENT AND BYLAWS AND, IF A FOREIGN CORPORATION, A CERTIFICATE OF AUTHORITY AS DESCRIBED IN MINNESOTA STATUTES CHAPTER 303

9c. All persons who singly or together with their spouse and parents, brothers, sisters or children, own or control an Interest in said corporation/other organization in excess of five (5) percent must also complete a Part II Personal History form for each individual.

12c. Is there a contract for deed (C.D.)? Yes No Amount \$ _____

C.D. Holder _____

Address _____

Term of C.D. _____ Rate of Interest _____

12d. Amount of the monthly payment at which mortgage and/or C.D. is being liquidated. \$ _____

12e. Are the payments on the mortgage and/or C.D. up-to-day? Yes No

13. Is the building where licensed business will be located owned by someone other than the applicant? Yes, complete question 12
 No, proceed to **SECTION 5**

Full Name _____

Residence Address _____ Phone (____) _____

Business address _____

Attached a copy of lease agreement.

14. List all persons other than the applicant, who have any ownership, in whole or in part, in the business, buildings, premises, fixtures, furniture or stock in trade. This shall include, but not limited to, any lessees, lessors, mortgages, mortgagors, lenders, lien holders, trustees, trustors and persons who have co-signed notes or otherwise loaned, pledged, or extended Security for any indebtedness of applicant.

Full Name _____

Residence Address _____ Phone (____) _____

Full Name _____

Residence Address _____ Phone (____) _____

Section 5: Premises
All applicants complete this section

If the premises is planned, under construction or undergoing alteration, the application shall be accompanied by a set of preliminary plans showing the proposed design.

15. Legal description of premises to be located. Submit survey showing dimensions, building locations, street access, parking facilities and location.

16. Zoning Information: (Please contact Peter Hellegers, City Planner at 651-554-3217 for completion)

Zoning District: _____

Are there any other land use approvals for this address which affect this license application: ___ Yes ___ No

Is a Conditional Use Permit Required: ___ Yes ___ No

** If yes, has one been granted: Date: _____

Hours of Operation: _____

Comments: _____

City Planner: _____ Date: _____
Signature

17. Are any of the following taxes or charges for the licensed premises unpaid or delinquent?

State sales taxes ___ Yes ___ No
Real estate taxes ___ Yes ___ No
Special Assessments ___ Yes ___ No

State withholding taxes ___ Yes ___ No
City utility bills ___ Yes ___ No

18a. Has the applicant ever been convicted of any felony, crime or violation of any city ordinance other than traffic?

___ Yes ___ No

Date of Arrest: _____ Where? _____

Charge: _____

Conviction: _____ Sentence: _____

18b. Has the applicant ever had a license revoked in another City? ___ Yes ___ No

If yes, list the dates and reason for revocation:

___ Yes ___ No

19a. Has the applicant ever been convicted of any crime directly related to the occupation licenses as prescribed by Minnesota Statutes 364.03, Subd. 2, and who has not shown competent evidence of sufficient rehabilitation and present fitness to perform the duties of the licensed occupation as prescribed by Minnesota Statutes 364.03, Subd. 3.

___ Yes ___ No

Notice and notarized signature

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I have received from the City of South St. Paul a copy of the Municipal City Code dealing with Pawnbroker's and Precious Metal Dealers and will familiarize myself with the provisions contained within them.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of South St. Paul to investigate and make whatever inquires that are necessary to verify the information provided.

X _____
Applicant signature

X _____
Applicant signature

Subscribed and sworn to before me, a Notary Public,
on this _____ day of _____, _____. Commission expires on _____

Notary Public



Remit to:

Office of the City Clerk—License Division
125 Third Avenue North
South St. Paul, MN 55075
(651) 554-3200 (651) 554-3201 (Fax)

SOUTH ST. PAUL POLICE DEPARTMENT

This application is recommended for approval: ___ Yes ___ No *If no, please attach reasons for recommending denial.*

By: _____

Date: _____



CITY OF SOUTH ST. PAUL

**GENERAL AUTHORIZATION AND RELEASE
PURSUANT TO MINNESOTA STATUTES 13.05, SUBD. 4,
MINNESOTA DATA PRACTICES ACT**

To: City of South St. Paul

I, _____, hereby authorize and grant my informed consent to permit you to release to and make available to the City of South St. Paul, Minnesota, and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data as defined by Minnesota Statute 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your representatives. The information for which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the City of South St. Paul to have access to this information is to determine by suitability for a license within the City.

By signing this authorization, I hereby release the South St. Paul Police Department from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the City of South St. Paul from any and all liability for its receipt and use of data received pursuant to this consent.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of South St. Paul or to you of that fact.

Signature

Date

Full Name - Printed

Date of Birth

Subscribed and sworn to be before this _____ day of _____, 20____.

_____, Notary Public

PAWNBROKER/PRECIOUS METAL DEALER REGISTRATION INFORMATION

Applicant must attach a business plan or records to support the following:

1. Does applicant plan to buy secondhand goods or precious metals from the public? Yes No

2. Does applicant plan to sell secondhand goods or precious metal exclusively from this location to the public?
 Yes No

3. Does applicant acquire secondhand goods or precious metal exclusively from one or more of the following?
 Yes No (*If yes, check all that apply*):

Dealer Wholesaler Merchant Manufacturer Corporate or government entity

5. Does the precious metal dealer applicant conduct transactions exclusively involving the following:
 Yes No (*If yes, check all that apply*):

Transactions regulated by Minnesota Statutes, Chapter 80A.

Transactions regulated by the Federal Commodity Futures Commission Act.

Transactions involving the purchase of precious metal grindings, filings, slag, sweeps, scraps or dust from an industrial Manufacturer, dental lab, dentist or agent thereof.

Transactions involving the purchase of photographic film, such as lithographic and X-ray film, or silver residue or flake Recovered in lithographic and X-ray film processing.

Transactions involving coin with intrinsic or numismatic values not greater than its denominational value.

Transactions involving gold, silver or platinum that has been assayed and is properly marked as to its weight and fineness.

Transactions involving gold, silver or platinum bullion coin.