



BELTRAMI COUNTY
AUDITOR/TREASURER'S OFFICE

Leala Roth

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701 Minnesota Ave NW Ste 100
Bemidji, MN 56601
218-333-4104

Pawn/2nd Hand Goods/Precious Metals Dealers Instructions

Requirements:

- An original surety bond covering the dates of your license. Along with a continuation certificate every year that your license is renewed
- The following application completed
- Approval from the Beltrami county sheriff's department
- A minimum \$100 investigation fee will be charged with actual cost not to exceed \$500 for in state applications and \$10,000 out of state. Renewal investigation fee is \$60.
- Approval from the Beltrami county board, the Auditor-Treasurer's office will submit this to the board for you.
- \$75 application fee

* Allow at least **8 weeks** processing time.

Fee: \$75.00

License#

BELTRAMI COUNTY
APPLICATION FOR LICENSE OF:

PAWN BROKER **SECOND HAND** **PRECIOUS METAL**

In answering the following questions "Applicants" shall be governed as follows: For a Corporation, one officer shall execute this application for all officers, directors, stock holders, and employees. For a Partnership, one of the "Applicants" shall execute this application for all members of the partnership and employees. This is required for all partners, officers and directors of a corporation, and all persons authorized to act as agents of the licensee.

Insurance requirements:

Pawn Broker \$2,000 bond or Second Hand and Precious Metal \$1,000 bond

NAME OF INSURING COMPANY: _____

Address _____

BOND # _____

BUSINESS NAME :	PHONE:
ADDRESS	CORP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/>

APPLICANT/OWNER NAME _____ **Date of Birth** _____

HOME ADDRESS _____

Give name, residence, title and date of birth for all partners, officers, directors, or employees authorized to take items in pawn:

Name _____ Title _____

Address _____ Date of Birth _____

Name _____ Title _____

Address _____ Date of Birth _____

Please attach page for additional names.

Has the applicant or any of the associates aforementioned been convicted of any crime within the past ten (10) years? ___Yes ___No

If yes, please list including date(s) and place(s) of occurrence on a separate page.

Upon license being granted, the undersigned agrees to comply with all the rules and regulations of this ordinance and all applicable state and federal statutes. I certify that answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information given in my application may result in denial or revocation of my license. This license is not transferable and shall be effective for a period not to exceed twelve (12) months. Renewal shall be on an annual basis, and each license shall be reviewed on or before January 15th of each calendar year.

Signature of Applicant _____ (date) _____

Approved by Sheriff (date)

Approved by County Board (date)

_____ / _____



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License Application Supplement

Applicant Information:

Name: _____ / _____ / _____
Last First Middle

Home Address: _____

City/State/Zip _____

List any previous out of state address/es you have had _____

Hm Ph #: _____ Bus Ph # _____

D.O.B. ____ / ____ / ____ Driver's Lic# _____

Age _____ Place of Birth _____

Give a complete list of any convictions whether alcohol related or not.

Type of License/s Applying for: _____

Business Name: _____

Business Address: _____

Email: _____

Your Title: _____ To be filled out by each applicant