

State of Minnesota,  
County of Becker

**APPLICATION**

TO THE  
OF Detroit Lakes

City Council

OF THE CITY  
IN SAID COUNTY AND STATE:

The undersigned hereby applies for a license to carry on the business to  
operate a pawn shop at Address: \_\_\_\_\_

In the City of Detroit Lakes

Term of \_\_\_\_\_ one year beginning 1/1/\_\_\_\_

In said county and state for the  
From the date hereof, subject to the laws of  
Minnesota and the  
**\$150.00** As the license fee therefore

Ordinance of said City; and herewith tenders

Business: \_\_\_\_\_, Address: \_\_\_\_\_, is applying for  
a pawnbroker's license for the Year \_\_\_\_

Name: \_\_\_\_\_

Business: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Dated:

Name of Applicant:

Signature of Applicant:

# Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

**A valid workers' compensation policy must be kept in effect at all times by employers as required by law.**

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
--	--------------------------------------

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
---	------	-------	----------

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
--	----------------	-----------------

**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

I have attached a copy of the permit to self-insure.

**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

I am not required to have workers' compensation insurance coverage because:

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_

Other: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS PORTION:**

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
---------------------------------	-------	------

**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.**

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

## State of Minnesota License Applicant Information

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. **DO NOT RETURN THIS FORM TO THE DEPARTMENT OF REVENUE.**

Please print or type

Name of license being applied for and license number (if renewal):		License Number #:
_____		_____
_____		
Licensing Authority (name of city, county, or state agency issuing license):		
_____		
_____		
License Renewal Date:		
_____		

<b>PERSONAL INFORMATION:</b>		
Applicant's last name	Applicant's first name and middle initial	Social Security Number
_____	_____	____-____-____
Applicant's address	City	State    Zip Code
_____	_____	_____

<b>BUSINESS INFORMATION:</b>		
Business name		
_____		
Business address	City	State    Zip Code
_____	_____	_____
Minnesota tax identification number	Federal tax identification number	
_____	_____	
<i>If a Minnesota tax identification is not required, please explain on the reverse side of this form.</i>		

Applicant Signature:

\_\_\_\_\_  
Signature Title Date

602.24 Transfer. No license or permit may be transferred. Any person to whom a licensed massage service is sold or transferred shall apply for a license pursuant to 602.05; provided, that upon the death or incapacity of a licensee, the licensee's heir, devisee, or the guardian of the heir or devisee, may continue to operate the massage establishment for not more than sixty days while his application for a license is being processed.

602.25 Name and Place. No licensee shall operate a massage establishment under a name not specified in his application. No licensee shall operate a massage establishment under any designation or at any location not specified in his application.

### **603. Pawnbrokers**

603.01 License Required. No person shall conduct a pawnbroker business unless the person has a pawnbroker's license pursuant to this section.

603.02 Application. In addition to the information required by 601.02, each application shall include the names of all partners or shareholders owning a ten percent or more interest in the business.

603.03 Records. Every pawnbroker shall keep a written record of the name, address and drivers license or state identification number of persons pawning articles, a description of the pawned article or articles, including serial numbers, if any, and the date pawned.

### **604. Transient Merchants, Peddlers, Hawkers, Solicitors**

604.01 Purpose. This section is not intended to in any way hinder, delay or interfere with legitimate business or organizational activities. This section is to assure that transient merchants, hawkers, peddlers and solicitors do not use public streets and their direct contact with residents of the City for the illegitimate solicitation practices of harassment, nuisance, theft, deceit, or menacing, troublesome or unlawful actives. This section is intended to ferret out and control: (1) businesses and organizations using solicitation as a means of concealing unlawful activities; and, (2) businesses and organizations which, though its activities be lawful or even commendable, use such illegitimate practices in solicitation; and (3) individual natural persons who, though they represent lawful businesses and organizations, use such illegitimate solicitation practices.

604.02 Definitions.

Subdivision 1. Transient Merchant. Any person selling any