

City of Alexandria



Licensing Year: 1/1 to 12/31 20____

704 Broadway, Alexandria, MN 56308

New: Renewal:

320.763.6678 | 320.763.3511 (fax) | www.AlexandriaMN.city

License Fee: \$150

Pawnbrokers

The undersigned hereby makes application for a license and agrees to operate in the City of Alexandria in accordance with the regulations governing this enterprise as set forth in the Alexandria City Code. It is understood that failure to conform renders this license null and void.

Contact Person Information

Legal Name First _____ Middle _____ Last _____

Company Name _____ Phone _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (where future correspondence should be sent):

Street Address _____ City _____ State _____ Zip _____

Business Information: Corporation Limited Liability Company Partnership Other _____

Name of Company _____

Business Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Website _____

List all other names under which you conduct business (*legal names, mobile food unit signage, parent companies DBA, etc.*).

Applicant/Licensee Signature _____

Title (if signing on behalf of an organization) _____ Date _____

*If you have any questions, please contact Amy Riedel at 320-759-3622 or email at ariedel@alexandriamn.city. On behalf of the City of Alexandria, thank you for your prompt attention in returning your application.

***Please make sure all the necessary documents accompany your license application and the forms are filled out completely and signed. Incomplete applications will not be approved.**

(FOR OFFICE USE ONLY)

Date Received _____ Date of City Council Approval _____ License # _____

Application for Pawnbrokers License – Under City Code Section 4.51

Name of Business _____

Address of Business _____

Length of Time Expected to be in Business _____

Applicant's Name _____

First

Middle

Last

Date of Birth _____ Place of Birth _____

Have you ever used or been known by a name other than that stated above? Yes No

If yes, indicate what name or names were used and dates and places where they were used _____

Marital Status Married Single - If married, give name, address and place of birth of spouse

Name of Spouse _____

First

Middle

Last

Address _____

Date of Birth _____ Place of Birth _____

Addresses during the Last Five Years _____

Kind, Name and Location of every business or occupation engaged in during the last five years _____

Have you or your spouse ever been engaged in a pawnbrokers business or other business of a similar nature?

Yes

No

If yes, indicate the date, place, and length of time of such employment _____

Have you ever been in the military?

Yes

No

Have you ever been convicted of any felony, crime or violation of any ordinance other than traffic violations?

Yes

No

If yes, indicate the date, place and offense for which convictions were made _____

I, _____, being duly sworn, depose and say that the answers and statements made by me are true and correct to my knowledge.

Signature of Applicant

Date

Subscribed and sworn to before me

This _____ day of _____, 20____.

Notary Public

REPORT ON APPLICANT BY POLICE CHIEF

This is to certify that to the best of my knowledge, the applicant or his associates named herein have not been convicted within the past five years for any violation of the Laws of the State of Minnesota, or Municipal Ordinances, except as hereinafter stated. _____

Date

Chief of Police

General Application For License

CITY OF ALEXANDRIA

Section A

Certification of Compliance—Minnesota Workers' Compensation Law

Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name (not the agent):	Policy Number:
Dates of Coverage: _____ to _____	

OR

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

- ☐ I have no employees
- ☐ I am self insured (include permit to self-insure)
- ☐ I have no employees who are covered by the workers' compensation law (these include spouse, parents, children, and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.

Section B

Tax Identification Information

Pursuant to Minnesota Statute 270C.72, the City of Alexandria is required upon request to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- Upon receiving this information, the City of Alexandria will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
- Failure to supply this information may jeopardize or delay the processing of your license application.

Minnesota Business ID Number:	Federal Tax ID Number:
If a Minnesota Tax ID number is not required, please explain:	Social Security Number:

Section C

Tennessee Warning

Under the Minnesota Government Data Practices Act, some of the data you are being asked to provide on this application, including any social security number, **are private data**. You are being asked to provide this data so that the City of Alexandria may evaluate your eligibility for the license for which you are applying. By signing below, you are consenting to allow this data to be shared with City of Alexandria staff, councilmembers and mayor so that they may process and evaluate your application and eligibility for the license. In addition, you are being asked to provide this data because the City may be required to provide it to the Minnesota Commissioner of Revenue. It is also possible that the City may be required to share the data with the state or legislative auditor or upon court order. You may choose not to provide some or all of this private data, but withholding it or providing incomplete information may prevent you from obtaining the license for which you are applying.

Signature:	Date of Birth:	Date:
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUS: <input type="checkbox"/> OTH ER
	DED RETENTION \$						E.L. EACH ACCIDENT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N					E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of Alexandria is listed as an additional insured.

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Section 4.51. **Pawnbrokers.**

Subd. 1. **Definition.** A pawnbroker is one who makes a business of lending money upon the security of personal property pledged or deposited in his or her keeping, or who deals in the purchasing of personal property or other valuable thing on condition of selling the same back at a stipulated price, or who loans money secured by chattel mortgage on personal property, taking possession of the property or any part thereof so mortgaged.

Subd. 2. **License Required.** No person shall engage in or carry on the business of pawnbroker without first obtaining a license to carry on such business in compliance with the provisions of this code.

Subd. 3. **Application.** Any person, corporation, or association, either as principal or agent, desiring to engage in or carry on the business or occupation of a pawnbroker within the corporate limits of the City of Alexandria, shall file an application for a license for that purpose with the City Clerk, which application shall be made in writing at least twenty (20) days before issuance thereof, wherein the applicant shall state their name, proposed place of business, the length of time for which applicant desires to do business, and shall make the payment of the required license fee.

Subd. 4. **Fee and Term.** Every person, corporation, association or co-partnership requiring a license shall, on or before the time for filing their application for such license, pay or cause to be paid to the City Treasurer of the City of Alexandria, the required annual fee which shall be set by Resolution of the City Council. The license fee shall be for one year or any part thereof, and the license year shall terminate on December 31st next succeeding the date of issuance of such license.

Subd. 5. **Records.**

A. Every person or persons engaged in the occupation of a pawnbroker shall keep a book in which shall be legibly written in ink and in English, an accurate account or description, and serial number, of the goods, article or other thing pawned or pledged; the time of the receipt of the same; the name, residence and description of the person pawning, pledging or selling the same; and the amount of money loaned or paid therefor. The account and record book and the article pawned or pledged shall, at all reasonable business hours, be subject to inspection by any law enforcement official, including but not limited to the Alexandria Police Department and the Douglas County Sheriff's Department.

B. Every such pawnbroker, purchasing or receiving on deposit for a loan any article or personal property, shall give to the person selling the depositing such article or personal property, a legibly written or printed ticket or receipt for the article or personal

property so sold or deposited, reflecting the terms of such sale or loan, and the serial number of the property.

C. Every such pawnbroker who has purchased or received on deposit for a loan any article or personal property shall keep a record of the disposition of said pledge, whether that disposition be by redemption, by sale to a third person after the pledge becomes forfeitable pursuant to Subdivision 8 herein, or otherwise.

Subd. 6. **Bond.** Before the license shall be issued to any person or persons as provided in this ordinance, application shall be approved by the Chief of Police and the licensee shall cause to be filed with the City Clerk a surety bond, to be approved by the City Attorney, as to form, in the sum of One Thousand Dollars (\$1000) conditioned that said licensee will comply with all the provisions of this ordinance, and that said licensee will account for and deliver to any person legally entitled thereto any and all goods, wares and merchandise, article or thing which may come into the licensee's possession while engaged in said business or occupation of a pawnbroker.

Subd. 7. **Minors, Incapacitated Persons.** It shall be unlawful and it shall be a violation for any pawnbroker to purchase or receive on deposit or pledge anything of value as security for a loan of money from any person, male or female, under lawful age, from persons of unsound mind, or intoxicated persons.

Subd. 8. **Redemption Period.** Any person pledging an article shall have Sixty (60) days to redeem the same before the pledge becomes forfeitable.

Subd. 9. **Law Enforcement Order to Hold Property.** Whenever any law enforcement official, including but not limited to the Alexandria Police Department and Douglas County Sheriff's Department, shall notify, either orally or in writing, any such dealer or dealers not to sell any property so received on deposit or purchased by the dealer, or permit said property to be redeemed, such property shall not be sold or permitted to be redeemed until such time as may be determined by the law enforcement official requiring the property to be held.

Subd. 10. **Hours.** From 9:00 p.m. Saturday to 7:00 a.m. Monday, no property shall be received as a pledge or purchase by any pawnbroker; nor shall any property be sold during said hours by any pawnbroker, nor on any other day before 7:00 a.m. nor any day after 9:00 p.m. No pawnbroker shall be open for business of any kind on the following holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, after 4:00 p.m. on December 24 and Christmas Day.

Source: Ord. 335-2nd Series
Effective Date: 12/28/92