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## APPLICATION FOR PAWNBROKER'S LICENSE PART 1 - General Information

**Directions:** Type or print in ink. Indicate if you are a sole proprietor, partner, corporation officer, association officer or agent/manager in charge of premises. **YOU MUST PROVIDE THE FULL NAME, INCLUDING FULL MIDDLE NAME, (no initials) AND DATE OF BIRTH FOR EVERY PERSON LISTED.**

1. Business Type:  Sole Proprietorship     Partnership     Corporation     Club  
 Limited Liability Company (LLC)

2. Business Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How long have you been in business at this address? \_\_\_\_\_

Home office address: \_\_\_\_\_

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

State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

***Please attach a copy of the Articles of Incorporation. If business is to be conducted under a designation, name or style other than the full name of the applicant, attach a copy of the trade name certificate, as required by Chapter 333, Minnesota Statutes, certified by the Secretary of State***

3. Applicant Name: \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)

Position: \_\_\_\_\_

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

4. Residence Address: \_\_\_\_\_

5. Are you a Federal firearms dealer?  No     Yes – Federal ID number: \_\_\_\_\_

6. List the full name, date of birth, residence address, and phone number for each member of the partnership or LLC or each officer of the club or corporation. **A Part II – Personal History form must be filled out and attached for each of the individuals listed.**

Applicant Name: \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)

Position: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)

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

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)

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

Position: \_\_\_\_\_

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

Applicant Name: \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)

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

Position: \_\_\_\_\_

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

**(If there are more individuals, please attach their information on a separate sheet.)**

7. The managing partner will be: \_\_\_\_\_  
(first) (middle) (last) (date of birth)

8. Fill out the information requested for all persons who own or control an interest in excess of 5% in the corporation or association.

Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
(first) (middle) (last) (date of birth)

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

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

Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
(first) (middle) (last) (date of birth)

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

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

Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
(first) (middle) (last) (date of birth)

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

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

Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
(first) (middle) (last) (date of birth)

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

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

**(attach a separate sheet if more space is needed)**

9. Fill out all the information requested for any and all agents or managers in charge of the premises when the owner is absent. **A Part II – Personal History form must be filled out and attached for each of the individuals listed.**

Full Name: \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth) (Title)

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth) (Title)

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth) (Title)

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

10. Is the building where the licensed business will be located owned by the applicant(s)?  Yes  No

11. If the building wherein the licensed business will be located is owned by **other than the applicant**, fill out all the information requested. Attach an extra sheet if necessary.

Full Name: \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)

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

Business Address: \_\_\_\_\_  
(Street) (City, State, Zip)

**Where the building is owned by other than the applicant, owner of the building consents to the use of the premises by the applicant for a pawn shop and a copy of the lease must be attached. Consent must be evidenced by signature of the owner.**

**Signature of Owner** \_\_\_\_\_ **Date** \_\_\_\_\_

12. Have you or anyone listed in this application been convicted of a felony in the last 5 years?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

13. Have you submitted a written request to the Police Chief for off-site storage?  Yes  No

If yes, please list the address, unit #, and duration of the lease (a copy of the agreement/lease must be provided to the Police Chief) \_\_\_\_\_

\_\_\_\_\_

*The City of Cambridge reserves the right to request additional information to assist in the evaluation of this application. Any falsification of answers to any questions will result in denial of this application*

**APPLICANT'S SIGNATURE MUST BE NOTARIZED**

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

Print Name

\_\_\_\_\_

(first)

(middle)

(last)

Subscribed and sworn before me a Notary Public

on this: \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Signature: \_\_\_\_\_

My Commission Expires on: \_\_\_\_\_

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**FOR USE BY THE CITY OF CAMBRIDGE ONLY**

**Report by Police Department**

Criminal histories have been conducted on all required individuals and there are no reasons the applicant would not be authorized under law to be licensed as a pawnbroker.

Signature \_\_\_\_\_  
Todd Schuster, Chief of Police

**Report by the Community Development Department**

A Conditional Use Permit was received.

Signature \_\_\_\_\_  
Marcia Westover, Community Development Director

**Report by the City Clerk**

I have examined the foregoing application and have found it to be complete.

Signature \_\_\_\_\_  
Lynda J. Woulfe, City Administrator