

City of Cambridge, Minnesota

PART II - Personal History Information

Directions: This form must be typewritten or filled out in ink. A copy of this form must be completed by the following: the sole owner, each partner, each officer, each agent or manager in charge of the premises and for all persons who own or control an interest in excess of 5%. YOU MUST PROVIDE THE FULL NAME, INCLUDING FULL MIDDLE NAME (no initials) AND DATE OF BIRTH.

Full Name: (First) (Middle) (Last) (Maiden Name if applicable)

Residence Address: (Street) (City, State, Zip) Phone: ()

Name of Business seeking licensure:

Business Address: (Street) (City, State, Zip) Phone: ()

Your position/title:

Date of Birth (month/day/year) Place of Birth (City, County, State, Country)

Driver's License Number State of Issue

Height: Weight: Hair Color: Eye Color:

U.S. Citizen? Yes No Naturalized? Yes No

If naturalized, give date and place of naturalization:

Registered voter? Yes No If yes, where?

Have you ever been in the Military Services? Yes No

If requested, you will be required to exhibit all discharges

1. List any name(s) you have ever used or been known by other than that listed above. Include dates and places used:

Blank lines for name(s) and dates/locations.

2. Marital Status: Single Married (if married, completely fill out the following section)

Name of Spouse: (First) (Middle) (Last) (maiden)

Date of Birth: (month/day/year) U.S. Citizen? Yes No Naturalized? Yes No

If naturalized, give date and place of naturalization:

Registered voter? Yes No If yes, where? _____

3. List all addresses where you and your spouse have lived during the last ten (10) years. List your most recent address first and work back: (attach an extra sheet if necessary)

(Street) (City) (State) (Zip) Dates: _____
(From) (To)

(Street) (City) (State) (Zip) Dates: _____
(From) (To)

(Street) (City) (State) (Zip) Dates: _____
(From) (To)

4. List any business, occupation or employer you and your spouse have had during the past ten years. List the most recent first and work back: (attach an extra sheet if necessary)

Applicant Spouse

Company Name: _____ Position _____

Address: _____ Years in business _____
(Street) (City, State, Zip)

Applicant Spouse

Company Name: _____ Position _____

Address: _____ Years in business _____
(Street) (City, State, Zip)

Applicant Spouse

Company Name: _____ Position _____

Address: _____ Years in business _____
(Street) (City, State, Zip)

Applicant Spouse

Company Name: _____ Position _____

Address: _____ Years in business _____
(Street) (City, State, Zip)

5. Have you or your spouse had, within five years of this application, been convicted of a willful violation of a federal or state law or city ordinance governing pawnbrokers or of any felony crime? Yes No
If yes, please explain below:

Applicant Spouse

Nature of Conviction _____ Date of Conviction _____

Place of Conviction _____

Applicant Spouse

Nature of Conviction _____ Date of Conviction _____

Place of Conviction _____

6. List all currently held pawnbroker, precious metal dealer, and secondhand goods dealer licenses and the governmental agency with whom held. (attach an extra sheet if necessary)

Type of License: _____ Governmental Agency: _____

Type of License: _____ Governmental Agency: _____

7. Have you ever been denied or had revoked or suspended a pawnbroker, precious metal dealer, or secondhand goods dealer license from a government agency? No Yes – If yes, list type of license; whether a denial, revocation, or suspension; and by what agency.

Type of License: _____ Type of Action Taken: _____

Governmental Agency: _____

Type of License: _____ Type of Action Taken: _____

Governmental Agency: _____

ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION

The City of Cambridge reserves the right to request more information if necessary to complete the processing of this application.

Signature of Applicant: _____ Date: _____

Print Name _____
(first) (middle) (last)

APPLICANTS SIGNATURE MUST BE NOTARIZED

Subscribed and sworn before me a Notary Public

Notary Signature: _____

on this: _____ day of _____, 20__.

My Commission Expires on: _____