



SECONDHAND DEALER'S LICENSE APPLICATION

Business Name _____

Business Address _____

Phone No. _____ E-Mail _____

Applicant's Name _____

Applicant's Address _____

Applicant's Date of Birth _____ Phone No. _____

Applicant's Address(es) for past ten years:

Name and address of all persons having a financial interest in applicant's business, including ownership or financing interests:

NOTE: If the applicant is a corporation, please submit the following information on a separate sheet of paper. The name and address of any proposed resident manager who shall be residents of the City and the address of such resident managers for the 10 years immediately preceding the filing of the application, their employment record for each 10-year period and their dates of birth.

License Fee
\$25.00

Surety Bond
\$500.00

Date _____ Signature _____

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)
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DBA (doing business as name) (if applicable)

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



CONSENT FOR RELEASE
(Tennessee Warning)

Print Full Name (First) (Full Middle) (Last)

Print Maiden / Previous Name(s) and/or Aliases

Residing at (Address) (City) (State) (Zip Code)

Driver's License No. / State

Phone Number

Cell Phone Number

E-Mail

Date of Birth

Place of Birth

I do hereby authorize the Moorhead Police Department to disclose to the Moorhead City Manager, City Clerk, and City Council all information collected as a result of the background investigation completed for the purpose of evaluating the license application. I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to the State Data Practices Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

This authorization is valid for six (6) months from the date indicated below.

Signature of above individual authorizing release

Date: _____

Subscribed and sworn before me this

_____ day of _____, 20_____.

(Notary Public)

My commission expires _____

ARTICLE B. SECONDHAND DEALERS

2-5B-1: DEFINITIONS:

A "secondhand dealer" is any person who buys goods for sale except where the goods or property are purchased from a manufacturer or wholesale dealer having an established place of business. (Ord. 125; amd. 1967 Code §52.01; Ord. 711, 5-5-1980)

2-5B-2: LICENSE REQUIREMENTS AND PROVISIONS:

A. License Required: No person shall exercise, carry on or be engaged in the trade or business of a secondhand dealer without a license therefor.

B. Application For License: Application for a secondhand dealer's license shall be made on forms prescribed by the city and shall be filed with the city clerk and shall contain thereon the following information:

1. Name, address and date of birth of applicant;
2. Address of the place of business;
3. Name under which the business is to be conducted;
4. Address of applicant for the ten (10) years immediately preceding the filing of the application;
5. Name and address of all persons having a financial interest in applicant's business, including ownership or financing interests;
6. Applicant's employment record for the ten (10) years preceding the application with the name and address of all employers;
7. If the applicant is a corporation, the name and address of any proposed resident managers who shall be residents of the city and the address of such resident managers for the ten (10) years immediately preceding the filing of the application, their employment record for each ten (10) year period and their dates of birth.

C. Investigation: Each new application received shall be reviewed and thereafter delivered by the city clerk to the police department. The police department shall conduct a criminal background investigation of each applicant for such license. In the event a national criminal background investigation is required, the applicant shall be responsible for all additional fees incurred for such and, upon request, provide additional information required to complete this process. All applicants are required to complete an informed consent authorizing the disclosure of all criminal history record information. When such investigation shall be completed, a recommendation shall be transmitted to the council for its consideration. (Ord. 2006-12, 6-19-2006)

2-5B-3: LICENSE FEE AND BOND:

The license fee for a secondhand dealer is twenty five dollars (\$25.00) per year. The applicant shall execute a bond to the city in the penal sum of five hundred dollars (\$500.00) as a condition of being licensed as a secondhand dealer under this article. (Ord. 125; amd. 1967 Code §52.01; Ord. 711, 5-5-1980)