

<h1 style="margin: 0;">SECONDHAND GOODS MERCHANT LICENSE APPLICATION CITY OF COLUMBIA HEIGHTS</h1>
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FEE: <u>\$100.00</u>
Inv. Fee <u>\$100.00</u>
Date Received _____
Receipt # _____
License # _____

CITY OF COLUMBIA HEIGHTS  
590 40<sup>TH</sup> AVENUE NE, COLUMBIA HEIGHTS, MN 55421  
PHONE (763) 706-3670

**SECONDHAND GOODS MERCHANT'S LICENSE FEES:**

ONE YEAR	\$100.00
INVESTIGATION FEE	\$100.00

In conjunction with this application the following documents must be submitted:

- Certificate of Compliance per the Minnesota Workers Compensation Law
- Waiver
- Surety Bond in the amount of \$5,000 (Must have a thirty (30) day written notification to the City prior to cancellation per Section 5.2047)

<b>BUSINESS INFORMATION</b>	<p><b>COMPANY NAME:</b> _____</p> <p><b>ADDRESS:</b> _____ <b>CITY:</b> _____</p> <p><b>STATE:</b> _____ <b>ZIP:</b> _____ <b>PHONE:</b> _____</p> <p><b>FED TAX ID #:</b> _____ <b>MN TAX ID #:</b> _____</p>
<b>APPLICANT</b>	<p><b>NAME</b> _____ (FIRST) (MIDDLE) (LAST)</p> <p><b>ADDRESS</b> _____</p> <p><b>PHONE #:</b> _____ <b>BIRTHDATE AND LOCATION:</b> _____</p> <p><b>SOCIAL SECURITY #</b> _____ <b>DRIVERS LICENSE #</b> _____</p> <p><b>HEIGHT:</b> _____ <b>WEIGHT:</b> _____ <b>HAIR COLOR:</b> _____ <b>EYE COLOR:</b> _____</p> <p><b><u>TYPE OF APPLICANT:</u></b></p> <p>____ <b>INDIVIDUAL</b></p> <p>____ <b>PARTNERSHIP:</b> (PLEASE ATTACH A LIST OF PARTNERS, INCLUDING FULL NAMES, ADDRESSES, TELEPHONE NUMBERS, DATE OF BIRTH, DRIVERS LICENSE NUMBER OF EACH PARTNER, A COPY OF PARTNERSHIP AGREEMENT, COPY OF CERTIFICATE OF TRADE NAME UNDER PROVISIONS OF CHAPTER 333, MN STATUTES CERTIFIED BY THE CLERK OF DISTRICT COURT, AND A COPY OF THE LEASE. THE INTEREST OF EACH PARTNER IN THE BUSINESS SHALL BE DISCLOSED.</p> <p>____ <b>CORPORATION:</b> (PLEASE ATTACH LIST OF OFFICERS OF CORPORATION INCLUDING FULL LEGAL NAMES, HOME ADDRESSES, TELEPHONE NUMBERS, DATES OF BIRTH, DRIVERS LICENSE NUMBERS OF EACH PERSON, COPY OF CERTIFICATE OF INCORPORATION AND LEASE AGREEMENT).</p> <p>CORPORATION NAME: _____ PHONE # _____</p> <p>ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP: _____</p> <p>____ <b>ASSOCIATION:</b> (PLEASE ATTACH LIST OF OFFICERS OF ASSOCIATION INCLUDING FULL LEGAL NAME, HOME ADDRESS, TELEPHONE NUMBERS, DATES OF BIRTH, DRIVERS LICENSE NUMBER OF EACH INDIVIDUAL MEMBER, COPY OF ASSOCIATION AGREEMENT AND LEASE AGREEMENT).</p> <p>ASSOCIATION NAME: _____ PHONE # _____</p> <p>ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP: _____</p>

1. HAS APPLICANT EVER USED OR BEEN KNOWN BY A NAME OTHER THAN TRUE NAME AND, IF SO, PLEASE LIST THEM AND INFORMATION CONCERNING DATES AND PLACES WHERE USED:

\_\_\_\_\_

2. NAME OF, DESCRIPTION OF AND LOCATION OF EVERY BUSINESS OR OCCUPATION APPLICANT HAS BEEN ENGAGED IN DURING THE PRECEDING FIVE YEARS:

\_\_\_\_\_

3. NAMES AND ADDRESSES OF APPLICANT'S EMPLOYERS AND PARTNERS, IF ANY FOR THE PRECEDING FIVE YEARS:

\_\_\_\_\_

4. HAS APPLICANT EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR GROSS MISDEMEANOR, EXCLUDING TRAFFIC VIOLATIONS, AND IF SO, THE DATE, PLACE OF CONVICTION AND THE NATURE OF THE OFFENSE:

\_\_\_\_\_

5. IF THE APPLICANT HAS NOT RESIDED WITHIN THE CITY FOR THREE YEARS LAST PRECEDING THE DATE OF APPLICATION, LIST AT LEAST FOUR CHARACTER REFERENCES, ALONG WITH HOME/BUSINESS ADDRESSES AND TELEPHONE NUMBERS, FROM RESIDENTS OF THE STATE OF MINNESOTA.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. MANAGER OR OPERATING OFFICER:

NAME: \_\_\_\_\_

(FIRST)

(MIDDLE)

(LAST)

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ COLOR OF HAIR: \_\_\_\_\_ COLOR OF EYES: \_\_\_\_\_

\*Attach list of all assistant managers or any other individual with management responsibilities of the license premises showing full legal name, home address, home phone number, drivers license number, date of birth, height, weight, hair and eye color.

7. LIST ALL PERSONS WHO, SINGLY OR TOGETHER WITH THEIR SPOUSE, OR A PARENT, BROTHER, SISTER OR CHILD OF EITHER OF THEM, OWN OR CONTROL AN INTEREST IN SAID CORPORATION OR ASSOCIATION IN EXCESS OF FIVE PERCENT OR WHO ARE OFFICERS OR DIRECTORS OF SAID CORPORATION OR ASSOCIATION.

\_\_\_\_\_

8. DOES THE APPLICANT OR ANY OTHER MEMBER OF THE PARTNERSHIP, CORPORATION OR ASSOCIATION HOLD A CURRENT LICENSE FROM ANY OTHER GOVERNMENT UNIT FOR THE OPERATION OF SECONDHAND SALES?

\_\_\_\_ YES \_\_\_\_ NO, IF YES, STATE WHO, IN WHAT JURISDICTION AND DATES: \_\_\_\_\_

9. HAS THE APPLICANT OR ANY OTHER MEMBER OF THE PARTNERSHIP, CORPORATION OR ASSOCIATION EVER BEEN DENIED A LICENSE FROM ANY OTHER GOVERNMENTAL AGENCY? IF YES, PLEASE EXPLAIN:

\_\_\_\_\_

As applicant, it is my understanding that falsification of any item on this application is sufficient reason upon which to base a denial of said license. Such license shall be valid for the calendar year in which issued and must be renewed at the commencement of each subsequent calendar year.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ TITLE: \_\_\_\_\_

**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 requirements 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 license 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 Co Name \_\_\_\_\_  
NOT the Insurance Agent

Policy Number \_\_\_\_\_

Date of Coverage \_\_\_\_\_ to \_\_\_\_\_

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

( ) I have no employees

( ) 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.

Name \_\_\_\_\_

Doing Business as \_\_\_\_\_  
Business name if different than your name

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

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

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

**NOTICE**

The data requested of you will be used in considering your application for said license and will be disseminated to the public. You are not legally required to allow the City of Columbia Heights to obtain the data, however, failure to supply said data may result in disapproval of your application. Further, the City of Columbia Heights may receive from other governmental agencies, including but not limited to the Bureau of Criminal Apprehension, Minnesota Department of Public Safety, data relating to the consideration of your application. Said data may be classified pursuant to Minnesota Statute #15.162 et. seq. as private and therefore, cannot be released to the public without your written consent.

**WAIVER**

I have read the above and understand that any data concerning my application, which is classified as private pursuant to Minnesota Statute #15.162, et. seq. may not be released to the public without my permission. I also understand that said data must be considered by the Columbia Heights City Council at a public meeting in considering my license application and, accordingly, will be publicly disseminated. Therefore, I hereby authorize the release of all of said data by the Columbia Heights City Council or agents or employees thereof at any City Council meeting at which my license application is considered. Said information shall not be released if I withdraw my license application by personally serving written notice of said withdrawal upon the Columbia Heights City Manager prior to said Council meeting.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Witness Signature: \_\_\_\_\_