



City of Robbinsdale

OFFICE OF THE CITY CLERK  
PAWN BROKER APPLICATION  
City Code (1135)

Annual Fee: \$2500 + \$2.00/transaction  
\$800 Annual Investigation Fee or  
up to \$10,000 to recover costs  
Secondhand Goods: \$200  
See Appendix B for add'l information  
New \_\_\_\_\_ Renewal \_\_\_\_\_

The City Ordinance requires that the data requested in this application must be submitted in order for the City to determine your eligibility for the license. Refusal to provide the data may result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The City Staff shall investigate the data provided. A recommendation for approval or denial, based upon the applicant's eligibility is determined by the provisions of the licensing ordinance and other applicable laws shall be forwarded to the City Council for final determination. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

**PLEASE PRINT OR TYPE YOUR RESPONSES**  
(Provide in full the first, middle and last names where requested)

Applicants Full Name (NO initials or nicknames)		Trade Name or D.B.A.	
Business Address		City	State                      Zip
Drivers License No./State Issued	Date of Birth	Residence Phone No.	Business Phone No.
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If not, do you have resident alien status? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied for a similar license in any other location? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes, provide name of city and also name of state in not in Minnesota. _____			
Do you now have a similar business in any other location? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes, provide address and telephone number of the similar business. _____ Phone No. (    ) _____			
The applicant must submit all of the following with this application (check each item to indicate it is attached): <input type="checkbox"/> A. Certificate of survey of property indicating: (1) Legal description; (2) all entrances to building and parking; (3) parking areas including number of spaces provided. <input type="checkbox"/> B. Floor plans designating all areas where transactions are to occur. <input type="checkbox"/> C. Location and distance to nearest church, school, hospital and residence. <input type="checkbox"/> D. Copy of Precious Metal Dealers License, if applicable. <input type="checkbox"/> E. Surety bond: \$5,000 for Pawn Shop <input type="checkbox"/> F. Certificate of General Liability Insurance <input type="checkbox"/> G. Minnesota Tax/Workers Compensation form			

Provide names, address and phone numbers of three business references from the metropolitan area:

_____	_____	_____
_____	_____	_____
(    ) _____	(    ) _____	(    ) _____

Provide names, address and phone numbers of three financial references from the metropolitan area:

_____	_____	_____
_____	_____	_____
(    ) _____	(    ) _____	(    ) _____

PROVIDE THE INFORMATION REQUESTED ON ALL PARTNERS, OFFICERS OR ANY PERSON(S)  
HAVING A BENEFICIAL INTEREST IN THE BUSINESS.

Wherever a name is given, provide the full legal first, middle and last name - NO INITIALS OR NICKNAMES.

1) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship Status: \_\_\_\_\_  
Residence address for the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

2) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship Status: \_\_\_\_\_  
Residence address for the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

3) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship Status: \_\_\_\_\_  
Residence address for the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

4) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship Status: \_\_\_\_\_  
Residence address for the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

5) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship Status: \_\_\_\_\_  
Residence address for the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

6) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship Status: \_\_\_\_\_  
Residence address for the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

USE ADDITIONAL SHEETS IF NECESSARY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* FOR OFFICE USE ONLY \*\***

**REPORT BY POLICE DEPARTMENT**

This is to certify that the applicant named herein has not been convicted within the past five years for any violation of laws of the State of Minnesota or municipal ordinances relating to Pawn Brokers except as follows: \_\_\_\_\_

\_\_\_\_\_

Investigation fee charge \$ \_\_\_\_\_.

BY: \_\_\_\_\_  
Chief of Police

DATE: \_\_\_\_\_

---

---

**REPORT BY CITY PLANNER**

This is to certify that the property/business for which licensing is being requested meets all zoning requirements regulating Pawn Brokers except at follows: \_\_\_\_\_

\_\_\_\_\_

BY: \_\_\_\_\_  
City Planner

DATE: \_\_\_\_\_

---

---

**REPORT BY BUILDING OFFICIAL**

This is to certify that the building for which licensing is being requested meets all building code requirements for Pawn Brokers except as follows: \_\_\_\_\_

\_\_\_\_\_

BY: \_\_\_\_\_  
Building Inspector

DATE: \_\_\_\_\_

---

---

**REPORT BY FIRE DEPARTMENT**

This is to certify that the building for which licensing is being requested meets all building code requirements for Pawn Brokers except as follows: \_\_\_\_\_

\_\_\_\_\_

BY: \_\_\_\_\_  
Fire Chief/Marshal

DATE: \_\_\_\_\_

---

---

**CITY COUNCIL PUBLIC HEARING:**

Public Hearing date: \_\_\_\_\_

Notice of Public Hearing to SunPost by \_\_\_\_\_

For publication on \_\_\_\_\_ (10 days before meeting)

Mail hearing notice to applicant by \_\_\_\_\_

Prepare memo/forward to City Manager by \_\_\_\_\_

Final Action:

\_\_\_\_\_ Approve      Conditions for approval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Denied      Reasons for denial: \_\_\_\_\_

\_\_\_\_\_

Fee of \$ \_\_\_\_\_ reimbursed on \_\_\_\_\_

BY: \_\_\_\_\_

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