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## *Have you submitted . . .*

- Completed Secondhand Goods Dealer License Application
- Investigation Fee
- Personal Information Form(s)
- Site Plan Drawn to Scale
- Surety Bond
- Proof of Workers' Compensation Insurance Coverage Form
- Minnesota Business Tax Identification Number Form
- Proof of Payment of Property Taxes

## *Questions . . .*

To obtain a secondhand goods dealer license application or for more information please call:

Deputy City Clerk

(763) 569-3308

Monday – Friday

8:00 a.m. – 4:30 p.m.



6301 Shingle Creek Parkway  
Brooklyn Center, MN 55430-2199  
Telephone (763) 569-3300  
TTY/Voice 711  
Fax (763) 569-3494  
[www.cityofbrooklyncenter.org](http://www.cityofbrooklyncenter.org)

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# **Secondhand Goods Dealer License Procedures**

Revised 5/15

*City of Brooklyn Center*

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## License Requirements

The City of Brooklyn Center requires the licensing of secondhand goods dealers as defined in Sections 23-650 through 23-678 of its Ordinance. The license period is the calendar year, January 1 through December 31. The annual license fee for a secondhand goods dealer is \$750, plus \$1.50 per reportable transaction.

**Secondhand goods dealer** means a person whose regular business includes selling or receiving tangible personal property (excluding motor vehicles) previously used, rented, owned, or leased.

Please complete or provide the following:

- **License Application** – completed information as required in Section 23-652 of the City Ordinance
- **Investigation Fee** - \$1,500 (checks made payable to City of Brooklyn Center)
- **Personal Information Form(s)** – completed for every person having a beneficial interest in the license
- **Surety Bond** – corporate surety, cash, or a United States government bond in the amount of \$10,000 conditioned on the licensee obeying the laws and ordinances governing the licensed business and paying all fees, taxes, penalties, and other charges associated with the business
- **License Fee** – \$750, plus \$1.50 per reportable transaction as defined in Section 23-667 (cash or certified or cashier's check pro-rated on a monthly basis from City Council approval date)

- **Proof of Workers' Compensation Insurance Coverage Form** – completed form as required by Minnesota Statute Section 176.182
- **Minnesota Business Tax Identification Number** – completed form as required by Minnesota Statute Section 270.72
- **Site Plan** – the application for a pawnbroker license must be accompanied by a site plan drawn to scale. The site plan must contain:
  1. A legal description of the property upon which the proposed license premises is situated.
  2. A survey.
  3. The exact location of the license premise on the property, customer and employee parking areas, access onto the property, and entrances into the premises.
  4. The location of any church, school day care center, hospital, on-sale liquor establishment, halfway house, currency exchange operation, theater, residence, secondhand goods dealer, tattoo establishment, body piercing establishment, or massage parlor within 300 feet of any portion of the premises occupied by the applicant, notwithstanding if the secondhand goods dealer will receive firearms.
  5. A floor plan of the license premises.
- **Proof of Payment of Property Taxes** – submit copy of Hennepin County tax statement showing taxes paid or visit Hennepin County website at [www.co.hennepin.mn.us](http://www.co.hennepin.mn.us)

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## License Approval

Upon the City Clerk's receipt of a completed secondhand goods dealer license application, investigation fee, \$10,000 surety bond, Proof of Workers' Compensation Insurance Coverage form, and Minnesota Business Tax Identification Number form, the Police Department will complete an investigation and, based on the investigation, will recommend approval or denial of the license application.

Once approved by the Police Department, the license application will be presented to the City Council for consideration at its next regular meeting. The City Council meets the 2<sup>nd</sup> and 4<sup>th</sup> Monday of the month. In order to get the license application on a City Council agenda, the materials must be submitted at least seven (7) days prior to a City Council meeting.

The City Council may grant or refuse, for one or more of the reasons set forth in Section 23-625. A license will not be effective unless the application fee and bond have been filed with the City Clerk.

## Secondhand Goods Dealer License Application

Annual Fee: \$750  
(plus \$1.50 per reportable transaction)

Investigation Fee: \$ 1,500

Annual Expiration: December 31

**Investigation fee must be submitted with the application.** Investigation fee is non-refundable. License fee will be pro-rated on a monthly basis following approval of background investigation and is due prior to issuance of license.

TO THE HONORABLE CITY COUNCIL:

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

1. Name license to be issued in:

\_\_\_\_\_  
(Name of Individual, Partnership, Corporation, Association, or Organization)

2. Name under which applicant will be doing business (if different from 1.):

\_\_\_\_\_

3. Business address:

\_\_\_\_\_  
(Address of establishment to be licensed - Street, City, and Zip Code)

4. Contact person:

\_\_\_\_\_  
(First Name, Middle, and Last Name Title)

\_\_\_\_\_  
(Address - Street, City, State, and Zip Code)

\_\_\_\_\_  
(Telephone Number)

5. Type of applicant (please circle):    Individual    Corporation    Partnership    Association

\_\_\_\_\_  
(Other - please specify)

6. Proposed commencing date: \_\_\_\_\_

7. If applicant is a partnership, which partner is named managing partner:

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(First Name, Middle and Last Name)

8. State the amount of investment that the applicant has in the business premises, fixtures, furniture, stock in trade, etc. Attach any supporting proof of the source of such money.

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9. Provide full name, address, telephone number, and the nature of the interest, amount thereof, terms for payment or other reimbursement of all persons, other than the applicant, who have any financial interest in the business, premises, fixtures, furniture, or stock in trade. (This shall include, but not be limited to, any lessees, lessors, mortgagees, mortgagors, lenders, lien holders, trustees, trustors, and persons who have cosigned notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.)

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10. If any permits are required by the Federal Government for this premises, state the nature of the permit, the date they were issued or applied for, and the name in which they were issued or applied for.

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11. If any permits are required by State Statute for this premises, state the nature of the permit, the date they were issued or applied for, and the name in which they were issued or applied for.

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12. Are there any real estate taxes, personal property taxes, special assessments, or other financial claims of the City of Brooklyn Center delinquent or unpaid for the premises to be licensed?

13. The license application must be accompanied by a site plan drawn to scale. The site plan must contain:
- A. Legal description of the property upon which the proposed license premises is situated.
  - B. A survey.
  - C. Exact location of the premises to be licensed on the property, customer and employee parking areas, access onto the property, and entrances into the premises.
  - D. The location of any school or daycare center within 300 feet of any portion of the premises occupied by the applicant if the secondhand goods dealer will receive firearms.
  - E. The location of any church, hospital, on-sale liquor establishment, halfway house, currency exchange operation, theater, residence, pawnshop, tattoo establishment, body piercing establishment, or massage parlor within 300 feet of any portion of the premises occupied by the applicant, notwithstanding if the secondhand goods dealer will receive firearms.
  - F. A floor plan of the proposed license premises.
14. A surety bond in the amount of \$10,000 is required. A secondhand goods dealer license will not be issued unless the applicant files with the City Clerk a bond with corporate surety, cash, or a United States government bond in the amount of \$10,000. The bond must be conditioned on the licensee obeying the laws and ordinances governing the licensed business and paying all fees, taxes, penalties and other charges associated with the business. The bond must provide that it is forfeited to the City upon violation of law or ordinance. Such bond shall be maintained so long as the secondhand goods dealer does business, and shall be for the benefit of the City or any person who shall suffer any damage through the act of such secondhand goods dealer and shall not be terminable without the bond company giving written notice thirty (30) days in advance of termination to the City Clerk.

The undersigned hereby applies for a secondhand goods dealer license and acknowledges receipt of a copy of City Ordinance Section 23-650 through 23-678 and agrees to comply at all times with all laws, ordinances, or regulations applicable whether they be federal, state, county, or municipal. Submitted with this application is proof of workers' compensation insurance coverage and Minnesota business tax identification number. Information is collected to determine eligibility for license. Failure to provide information requested may result in denial of application.

\_\_\_\_\_, being first duly sworn, upon his/her oath deposes and says that he/she is the person who has executed the foregoing application and that the statements made therein are true of his/her own knowledge and belief.

Applicant Name (please print) \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

<p>Subscribed and sworn to before me this _____ day of _____</p> <p>Notary Public Signature _____</p> <p>County _____</p> <p>My Commission Expires _____</p>
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## Secondhand Goods Dealer Personal Information

Directions: This form must be filled out **in duplicate** with typewriter or hand printed in ink by the sole owner, by each partner, by each officer or director, by each manager, proprietor or other person with management responsibilities for the premises, by each person who by combined ownership or control has a financial interest in the business.

THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. We are requesting this data to determine your eligibility for a license from the City of Brooklyn Center. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data, however, refusing to supply the data may cause your license to not be processed. Under MS 270.72, the City of Brooklyn Center is required to provide the Minnesota Department of Revenue your MN Tax ID Number and Social Security number. The Department of Revenue may supply information to the Internal Revenue Service. In addition, this data can be shared by Brooklyn Center City Staff, Hennepin County Auditor, Bureau of Criminal Apprehension, and other persons or entities deemed necessary for verification of information submitted in the application. Your signature on this application indicates you understand these rights.

Signature **X** \_\_\_\_\_

I request that my residence address and telephone number be considered private data. My alternative address and telephone number are as follows:

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

1. Name of establishment: \_\_\_\_\_

2. True name of individual: \_\_\_\_\_  
(First, Middle, and Last)

Home Address: \_\_\_\_\_  
(Street, City, State, and Zip Code)

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_ Driver's License: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Title/Position: \_\_\_\_\_

3. Place of Birth: \_\_\_\_\_  
(City, County, and State)

4. Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_  
If a naturalized citizen, give date and place of naturalization: \_\_\_\_\_  
If not a U.S. Citizen, are you a resident alien? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever used or been known by a name or names other than your true name?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list names and circumstances: \_\_\_\_\_  
\_\_\_\_\_

5. Marital Status (please circle one): Single Married Separated Widowed Divorced  
If married, please provide your spouse's name, home address (if different from yours),  
date of birth, and place of birth: \_\_\_\_\_  
\_\_\_\_\_

6. List the addresses at which you have lived during the preceding ten years (including  
Street, City, State, and Zip Code) beginning with the most recent.

a. \_\_\_\_\_  
Date Resided at this Place of Residence: From \_\_\_\_\_ To \_\_\_\_\_

b. \_\_\_\_\_  
Date Resided at this Place of Residence: From \_\_\_\_\_ To \_\_\_\_\_

c. \_\_\_\_\_  
Date Resided at this Place of Residence: From \_\_\_\_\_ To \_\_\_\_\_

d. \_\_\_\_\_  
Date Resided at this Place of Residence: From \_\_\_\_\_ To \_\_\_\_\_

e. \_\_\_\_\_  
Date Resided at this Place of Residence: From \_\_\_\_\_ To \_\_\_\_\_

7. List the name, location, and description of every business or occupation you have been  
engaged in during the preceding ten years beginning with the present position.

a. Business Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

b. Business Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

c. Business Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

d. Business Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

e. Business Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

8. If married, list the name, location, and description of every business or occupation your spouse has been engaged in during the preceding ten years beginning with the present position.

a. Business Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

b. Business Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

c. Business Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

d. Business Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_



e. Business Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

9. List the names and addresses of any licensed secondhand goods dealers, if any, in which you or your spouse own or once owned an interest. The term "interest" includes any pecuniary interest in the ownership, operation, management, or profits of an establishment.

a. Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Percent of business owned by you or your spouse: \_\_\_\_\_

List the names and addresses of any partners:

\_\_\_\_\_  
\_\_\_\_\_

b. Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Percent of business owned by you or your spouse: \_\_\_\_\_

List the names and addresses of any partners:

\_\_\_\_\_  
\_\_\_\_\_

10. Have you or your spouse ever been charged or convicted of any crime other than minor traffic? This would not include such charges as speeding or parking violations but would include such charges as DWI, shoplifting, or anything of a more serious nature.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide information as to the time, place, and offense for which charges were filed and the disposition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you ever been in the military service? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Copies of discharge papers may be required.)

12. Are you directly or indirectly interested in other establishments in the City of Brooklyn Center to which a license of the same kind has been issued? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

13. What is the amount of investment that you and/or your spouse will have in the business, building, premises, fixtures, furniture, stock in trade, etc.: \_\_\_\_\_

What was the source of such money? (You must be prepared to furnish proof of the source of such money.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Have you or your spouse had any interest in any previous secondhand goods dealer license that was revoked, suspended, or not renewed? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

15. Have you or your spouse ever individually, or with others, made an application for a secondhand goods dealer license and had such application denied. Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_



City of Brooklyn Center  
MINNESOTA BUSINESS TAX IDENTIFICATION NUMBER

Pursuant to Minnesota Statute 270C.72, Tax Clearance; Issuance of Licenses, the City of Brooklyn Center is required to provide to the Minnesota Commissioner of Revenue your Minnesota business identification number and the social security number of each license applicant. **Applicant** means an individual, if the license is issued to or in the name of an individual, or the corporation or partnership, if the license is issued to or in the name of a corporation or partnership. **Applicant** also means an officer of a corporation, a member of a partnership, or an individual who is liable for delinquent taxes, either for the entity for which the license is at issue or for another entity for which the liability was incurred, or personally as a licensee. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the City of Brooklyn Center. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

**X** License being applied for or renewed: \_\_\_\_\_

**X** License renewal date: \_\_\_\_\_

**X** **INDIVIDUAL INFORMATION (includes corporate officer or partner) Please Print:**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

(Address, City, State, and Zip)

Social Security Number: \_\_\_\_\_

**X** **BUSINESS INFORMATION Please Print:**

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

(Address, City, State, and Zip)

**If a Minnesota Tax Identification Number is not required, please explain on the reverse side.**

**X** Federal Tax Identification Number: \_\_\_\_\_

**X** Minnesota Tax Identification Number: \_\_\_\_\_

**X** \_\_\_\_\_  
Signature Position (Officer, Partner, etc.) Date

# 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

**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.